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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

I.

Operator	<b>Anderson Oil &amp; Gas Company</b>
Address	<b>405 Wall Towers East, Midland, Texas 79701</b>
Reason(s) for filing (Check proper box)	(Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter
Recompletion <input type="checkbox"/>	Oil
Change in Ownership <input type="checkbox"/>	Casinghead Gas

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Kind of Lease	Lease No.
<b>Amerada State</b>	<b>1 Bagley, Penn., No.</b>	State, Federal or Fee <b>State</b>	<b>B 10356</b>
Location			
Unit Letter <b>B</b>	<b>660</b> Feet From The <b>North</b>	<b>1,980</b> Feet From The <b>East</b>	
Line of Section <b>33</b>	Township <b>11-S</b>	<b>33-E</b>	County <b>Lea</b>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/>	or Condensate	(The address to which approved copy of this form is to be sent)				
<b>Admiral Crude Oil Co.</b>		<b>Post Office Box 1713, Midland, Texas 79701</b>				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/>		(The address to which approved copy of this form is to be sent)				
<b>Warren Petroleum Corporation</b>		<b>Post Office Box 1589, Tulsa, Oklahoma 74102</b>				
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>33</b>	Twp. <b>11-S</b>	Range <b>33-E</b>	Produced? <b>No</b>	When <b>Soon as possible</b>

If this production is commingled with that from any other lease, give the commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	<b>X</b>	<b>X</b>	Deeper	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	<b>10-8-70</b>	Date Compl. Ready to Produce	<b>11-12-70</b>	10,181	10,123	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	<b>4,265 GL</b>	Name of Producing Formation	<b>Lwr. Penn</b>	9,691	9,661	Tubing Depth
Perforations	<b>9,705, 07, 11; 9,860, 62, 64; 9,901, 21, 24, 27; 10,023, 026, 028, 030.</b>			Depth Casing Shoe <b>10,181</b>		
TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
<b>17 1/2"</b>	<b>12 3/4"</b>	<b>400'</b>	<b>400 ex</b>			
<b>11 "</b>	<b>8 5/8"</b>	<b>3,750'</b>	<b>300 ex</b>			
<b>7 7/8"</b>	<b>5 1/2"</b>	<b>10,181'</b>	<b>375 ex</b>			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Flowing test must be run for a period of total volume of load oil and must be equal to or exceed top allowable for the depth of the well for 24 hours.)

Date First New Oil Ran To Tanks	Date of Test	(Flowing, Swabbing, Pump, gas lift, etc.)		
<b>// 10-13-70</b>	<b>// 10-14-70</b>	<b>Flowing and Swabbing</b>		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
<b>24 hrs.</b>	<b>450#</b>	<b>Packer</b>	<b>24/64</b>	
Actual Prod. During Test	Oil-Bbls.	Gas-Bbls.	Gas-MCF	
<b>386 Bbl Fluid</b>	<b>309</b>	<b>77</b>	<b>405</b>	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Actual Pressure/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*William A. Rice*  
 (Signature)

**Engineer**

(Title)

**November 16, 1970**

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

This form is to be filed in compliance with RULE 1104.  
 This is a request for allowable for a newly drilled or deepened well. This form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allowable on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of owner, well number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply

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OIL CONSERVATION COMM.  
WASH. D. C.