

RECEIVED BY
NOV 20 1984
O. C. D.
ARTESIA, OFFICE

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PROMOTION OFFICE	<input type="checkbox"/>

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
SANDERS PETROLEUM CORPORATION

Address
7801 Academy N.E., Suite 201, Bldg. #2, Albuquerque, N.M. 87109

Reason(s) for filing (Check proper box)
☐ New Well
☒ Recompletion
☐ Change in Ownership

Change in Transporter of:
☒ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 12-26-84
UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED**

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE **R-1185 1/17/85**

Lease Name Isler Federal	Well No. #3	Pool Name, including Formation Wildcat - San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. 17576
Location Unit Letter G : 2050 Feet From The North Line and 1960 Feet From The East Line of Section 6 Township 7S Range 27E , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

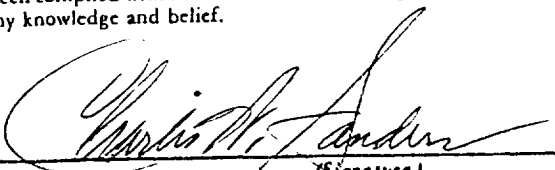
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit G Sec. 6 Twp. 7S Rge. 27E	Is gas actually connected? No When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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


President
November 16, 1984
(Date)

OIL CONSERVATION DIVISION
NOV 21 1984

APPROVED _____, 19____

BY _____ Original Signed By
Leslie A. Clements
TITLE _____ Supervisor District II

This form is to be filed in compliance with RULE 1104.
If 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 name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X			X		X
Date Spudded 1-20-82	Date Compl. Ready to Prod. 9-26-84		Total Depth 5005			P.B.T.D. 2187			
Elevations (DF, RKB, RT, CR, etc.) 3885 GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 1665			Tubing Depth 1715			
Perforations 1665-69, 1672-78, 2044-51, 2054-56 w/ 2 0.38" JSPF, 19' holes							Depth Casing Shoe 38		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12-1/4"	8-5/8"		1143'			500 sx			
7-7/8"	4-1/2"		4986'			320 sx			
7-7/8"	4-1/2"		2226' (re-ran)			None			
	2 3/8		1715						

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9-26-84	Date of Test 11-05-84	Producing Method (Flow, pump, gas lift, etc.) Pump 8' X 1 1/2" X 1 1/4", 15 SPM, 36" Stroke	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure 0	Choke Size --
Actual Prod. During Test --	Oil-Bbls. 8.47	Water-Bbls. 57	Gas-MCF --

GAS WELL

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