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

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

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

Lease Name	Section	Well Name, Including Formation	Kind of Lease	Lease No.
Anderson Ranch Unit	2	Anderson Ranch Wolfcamp	State Federal or Fee	B-9683
Location				
Unit Letter	C	Feet From The	N	Line and
	660		1980	
		Feet From The	W	
Line of Section	11	Township	16-S	Range
			32-E	NE/4 Sec
				County

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or of Gaseous Petroleum Gases <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)	
Shell Pipeline Co.				Box 1910 Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)	
Conoco Inc. Matamor Plant #66				Box 1971 Houston, Texas	
If we produce oil or liquids, give location of tanks.				Is gas actually connected?	When?
G 11 16 32				yes	N/A

COMPLETION DATA									
Designate Type of Completion - (X)		Cut Well	Gas Well	New Well	Workover	Deepen	Pipe Back	Same Rest.	Duff. Rest.
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.,)	Name of Producing Formation	Top Oil Gas Pay				Tubing Depth			
Perforations						Depth Casing Side			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Chase Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

(Date)

Fill out only Sections I, II, III, and IV 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 multiple completed wells.