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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State BTQ	1	Bagley, Penn, No.	State, Federal or Fee	L 4525
Location				
Unit Letter P	660	Feet From The South	Line and 660	Feet From The East
Line of Section 33	Township 11-S	Range 33-E	NEEM	Lea 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"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	Post Office Box 3119, Midland, Texas 79701					
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)					
Warren Petroleum Corporation	Post Office Box 1589, Tulsa, Okla. 74102					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Exp.	Range	Is gas initially connected?	When
	P	33	11-S	33-E	No	Soon as possible

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input checked="" type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Resin <input checked="" type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spaced Reentered	Date Compl. Ready to Prod.	Total Depth	P.B.U.D.					
11-9-70	12-24-70	11,127	10,108					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Dry Gas Pay	Tubing Depth					
4,264 Gr.	Pennsylvanian	9,341	9,694					
Perforations	Depth Casing Shoe							
9,534, 36, 38, 40, 64, 68, 70, 72, 74; 9,648, 50, 52,54	11,055							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/4"	13 3/8"		325		325			
11 "	8 5/8"		3,895		3,175			
7 7/8"	5 1/2"		9,890		600			
7 7/8"	4" F.J. Liner		11,055		380			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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.)

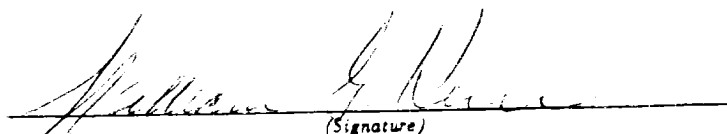
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-30-1970	12-31-1970	Pumping (Kobe 4" x 2 3/8" x 2 3/8")	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	N.A.	115 psig	None
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
493 Bbl. Fluid	159	334	200

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

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.


(Signature)

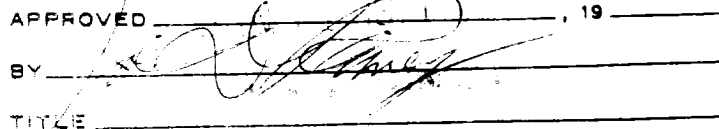
Engineer

(Title)

January 6, 1971

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
TITLE _____

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.