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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: **Anderson Oil & Gas Company**

Address: **405 Wall Towers East, Midland, Texas 79701**

Reason(s) for filing (Check transfer box):
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner: **Amerada Hess Corporation, Post Office Box 591, Midland, Texas**

II. DESCRIPTION OF WELL AND LEASE

Lease Name State BTQ	Well No. 1	Pool Name, Including Formation Bagley, Penn. No.	Kind of Lease State, Federal or Free State	Lease No. 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 N.M.P.M. Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Not Assigned	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Not Assigned	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	Sec. Twp. Rng. (Is this location corrected?) Other

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input type="checkbox"/>	Reoperator <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't. <input type="checkbox"/>	Diff. Res't. <input checked="" type="checkbox"/>
Date Spudded 11-8-70	Date Compl. Ready to Prod. Not Ready	Total Depth 10,075	P.B.T.D. 10,075					
Elevations (DF, RKB, RT, GR, etc.) 4,264 GL	Name of Producing Formation Not Perforated	Top of Gas Buy	Turning Depth Not Installed					
Perforations 9,805 - 9,815	Squeezed w/ 125 sx		Depth Casing Shoe 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" 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.)

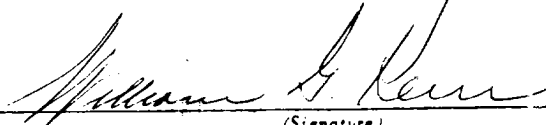
Date First New Oil Run To Tanks Not Currently Producing	Date of Test	Producing Method (Electric pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

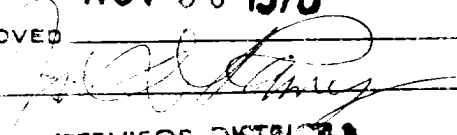
GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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.


(Signature)
Engineer
(Title)
November 25, 1970
(Date)

NOV 30 1970
APPROVED _____, 19____
BY 
TITLE **SUPERVISOR DISTRICT 1**

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

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OIL CONSERVATION COMM.
HOBBS, N. M.