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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 _____
Address _____
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of: _____
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) _____

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Anderson Federal	Well No. 1	Pool Name, Including Formation Hugley-Wolfcamp	Kind of Lease R-3843	State, Federal or Fee Federal	Lease No. 0072477
Location Unit Letter _____ Feet From The _____ Line and _____ Feet From The _____ Line of Section _____ Township _____ Range _____, NMPM, _____ 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"/> Anderson Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 191, Tulsa, Oklahoma					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Anderson Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1908, Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. 10	Twp. 11N	Rge. 20E	Is gas actually connected? No	When At 0-1-2

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 type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12-10-61	Date Compl. Ready to Prod. 1-1-62	Total Depth 10,405			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 1570	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 8640-9-12			Tubing Depth 8440				
Perforations 8640-9-12			Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
8 1/2	4 1/2		415		200 58				
7 1/2	3 1/2		345		450 58				
6 1/2	2 1/2		10,145		450 58				

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)

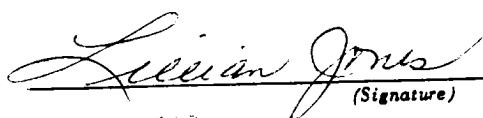
Date First New Oil Run To Tanks 1-1-62	Date of Test 1-21-62	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 0	Casing Pressure 0	Choke Size 7
Actual Prod. During Test	Oil-Bbls. 0	Water-Bbls. 0	Gas-MCF 0

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)

(Title)

(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.