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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

DEVIATION ON REVERSE SIDE

Operator <b>TENNECO Oil Company</b>	
Address <b>Box 1031 MIDLAND, TEXAS 79701</b>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE		<del>UNDESIGNATED</del> <b>Vada-Pennsylvanian</b>	
Lease Name <b>S.E. ANDERSON</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>VADA PENN EXT. R-3681</b>	Kind of Lease State, Federal or Fee <b>FEE</b>
Location			
Unit Letter <b>I</b>	<b>1980</b> Feet From The <b>SOUTH</b> Line and <b>660</b> Feet From The <b>EAST</b>		
Line of Section <b>8</b>	Township <b>15</b>	Range <b>35E</b>	NMPM, <b>LEA</b> County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>PERMAN CORP</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 3119 MIDLAND, TEXAS</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>WARREN PETROLEUM Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>725 GOLF Bldg MIDLAND, TEXAS</b>
If well produces oil or liquids, give location of tanks.	Unit <b>I</b> Sec. <b>8</b> Twp. <b>15</b> Rge. <b>35E</b> Is gas actually connected? <b>No</b> When <b>NEAR FUTURE</b>

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

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input checked="" 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 <b>12-17-68</b>	Date Compl. Ready to Prod. <b>1-30-69</b>
Elevations (DF, RKB, RT, CR, etc.) <b>4177.2 GR.</b>	Name of Producing Formation <b>BOUGH C</b>
Perforations <b>ONE 4 1/2" JS AT 9837, 38, 39, 41, 42, 9843</b>	Total Depth <b>9926</b>
	Top Oil/Gas Pay <b>9837</b>
	Tubing Depth <b>9806</b>
	Depth Casing Shoe <b>9926</b>
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
<b>17 1/2</b>	<b>13 3/8</b>
<b>11</b>	<b>8 3/8</b>
<b>7 7/8</b>	<b>5 1/2</b>
	<b>2 7/8</b>
	DEPTH SET
	<b>347</b>
	<b>4050</b>
	<b>9926</b>
	<b>9806</b>
	SACKS CEMENT
	<b>350</b>
	<b>1000</b>
	<b>325</b>

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 <b>1-30-69</b>	Date of Test <b>1-30-69</b>
Length of Test <b>24 HRS</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>
Actual Prod. During Test <b>743</b>	Tubing Pressure <b>-</b>
	Casing Pressure <b>-</b>
	Choke Size <b>-</b>
	Oil-Bbls. <b>212</b>
	Water-Bbls. <b>531</b>
	Gas-MCF <b>182</b>

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

I. 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.

**Monroe R. Karschel**  
(Signature)  
**Sr. Prod. Clerk**  
(Title)  
**1-31-69**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 1 1969**

BY **[Signature]**

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.

DEPT. OF AGRICULTURE  
 BUREAU OF SOILS  
 WASHINGTON, D. C.  
 OFFICE OF SOILS  
 DIVISION OF SOILS

William B. Jones  
 Notary Public in and for  
 Alameda County, Texas

Subscribed to me this 31<sup>st</sup> day of January 1960

Donald R. Karswell

THE ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

DEPTH	DEGREE
355	1/2
823	3/4
1400	1/2
1900	1
2350	1
2930	1 1/4
3370	1 1/4
3739	2
4540	1
5130	1
5570	3/4
6426	1/4
6900	1/2
7510	3/4
8473	1
8636	1/4
8781	1/2
8881	1/2
9016	1/2
9715	1/2
9906	3/4

Dev. Survey