

TEXAS OIL AND GAS COMMISSION  
REGULATORY COMMISSION

Form C-104  
Amendments Old C-104 and C-116  
Effective 1-1-66

APPLICATION TO TRANSPORT OIL AND NATURAL GAS

LEASER  
TRACER  
OWNER  
PAGINATION OFFICIAL  
COURT

APPLICANT'S NAME & ADDRESS

1126 Vaughan Building, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well  Change in Transporter of:   
Recompletion  OH  Dry Gas   
Change in Ownership  Casinghead Gas  Condensate

Other (Please explain)

If change of ownership give name  
and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Poc. Name, Including Formation	Kind of Lease	Lease No.
Amerada Federal	1	North Buckley Upper Penn	State, Federal or Poc. Federal	NM0556674

Location

Unit Letter M, 660 Feet From The South Line and 510 Feet From The West

Line of Section	3	Township	12-S	Ranch	36-E	W.M.P.M.	Lea	County
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Name of Authorized Transporter of Oil  or Condensate  Address (City address to which approved copy of this form is to be sent)

Anadarko Petroleum Company 3411 Mayfield Ave., Lubbock, Texas

Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Address (City address to which approved copy of this form is to be sent)

Warren Petroleum P. O. Box 1589, Tulsa, Oklahoma 74100

If well produces oil or liquids, Name Sec. Own. Poc. Is gas actually connected? When  
If production of gas, Unit Sec. Own. Poc. No

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

1. 6-25-70

Designative Type of Completion - (X)	Old Well	Old W.H.	New Well	W.H. over	Open	Plus, Back	Same Headw.	Dif. Headw.
Open Hole								
Completion								
6-25-70		6-25-70		10,000'		9535'		
Leveebank (IF, KAN, K.T., OR, etc.)			Name of Production Formation	Top Casing Lay		Tubing Depth		
1063 R.S., 4251 G.R.			Dollars	3451'		10,000'		
Perflections						Depth Casing Shoe		

PIPE SIZE	DRILLING HOLE SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	12 5/8"	405	400
15"	10 5/8"	3,780	400
12 7/8"	9 1/2"	10,230	450

TESTS FOR OIL AND GAS IN WELL APPENDIX (Test must be after recovery of initial column of test oil and must be equal to or exceed top allowable rate of flow)

Date First New Oil Run To Test	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
6-24-70	6-25-70	Flow
Length of Test	Testing Pressure	Choke Size
24 Hours	525	PIR

Initial Total Output	GALLONS	VOLUME	CUB. MCF
67	372	245	675

Initial Total Production	Length of Test	Barrel Concentrate/M.M.CF	Gravity of Concentrate
1000 Barrels	1000 ft.	1000	1000

Testing Method (Pump, Gas Lift, etc.)	Testing Pressure (Barrel-Bar)	Casing Pressure (Barrel-Bar)	Choke Size

STATEMENT OF COMPLETION

I, Joe Greenlaw, do solemnly swear and declare that the information given above is true and accurate to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION  
Leslie A. Clement  
Commissioner  
V.V.A.