| NO. OF COPIES RECEIVED                    |  |  |  |
|---|--|--|--|
| DISTRIBUTION                              | 1  | ONSERVATION COMMISSIUM   | Form C-104   |
| SANTA FE                                  | REQUEST  | FOR ALLOWABLE  | Supersedes Old C-104 and C-110<br>Effective 1-1-65 |
| U.S.G.S.                                  | ALITHODIZATION TO TO   | AND  | 3.46   |
| LAND OFFICE                               | AUTHORIZATION TO TRA   | INSPORT OIL AND NATURAL (  | 3A5  |
| 011                                       |  |  |  |
| TRANSPORTER GAS                           |  |  |  |
| OPERATOR                                  |  |  |  |
| PRORATION OFFICE                          |  |  |  |
| Operator                                  | 1 (  |  |  |
| Address A                                 | Company  |  |  |
| Pa Bac 10                                 | 31 m 1/1 07  | EUDS   |  |
| Reason(s) for filing (Check proper box,   |  | Other (Please explain)   |  |
| New Well                                  | Change in Transporter of:  |  |  |
| Recompletion                              | Oil Dry Ga   | s  |  |
| Change in Ownership                       | Casinghead Gas Conden  | isate  |  |
| f change of ownership give name           |  |  |  |
| and address of previous owner             |  |  | · · · · · · · · · · · · · · · · · · ·              |
| DESCRIPTION OF WELL AND                   | FASE   |  |  |
| Lease Name                                |  | me, Including Formation  | Kind of Lease                                      |
| Anderson Federal C                        | En 11900 / 1/2   | de (Penn)  | State, Federal or Fee Federal                      |
| Location                                  |  | 100  | I  |
| Unit Letter : 191                         | PU Feet From The South Lin   | e and 1980 Feet From   | The <u>F3s</u> #                                   |
| Ĝ.  |  | · · · · · · · · · · · · · · · · · · ·  | / .  |
| Line of Section / Tow                     | vnship 9_5 Range 3   | 35E, NMPM,   | (Seconty)  |
| SECTOR AMIANT AR THANCHAND                | PED OF ON AND MARKINAL OL  | G.   |  |
| Name of Authorized Transporter of Oil     | FER OF OIL AND NATURAL GA  | Address (Give address to which appro   | oved copy of this form is to be sent)              |
| $\sim 14046$                              | nDan (Trucks)  | Box 900 Dolls  | Tense -75 22/                                      |
| Name of Authorized Transporter of Cas     |  | Address (Give address to which appro   | / // V C = -                                       |
| None- Gas V                               | ented d  |  |  |
| If weil produces oil or liquids,          | Unit Sec. Twp. Rge.  | Is gas actually connected? Wh  | en   |
| give location of tanks.                   | 1 1 1 9 195 1356   | NU   |  |
|   | h that from any other lease or pool,                                 | give commingling order number:   |  |
| COMPLETION DATA                           | Oil Well Gas Well  | New Well Workover Deepen   | Plug Back   Same Res'v. Diff. Res'v.               |
| Designate Type of Completion              | on = (X)   | X  | }  |
| Date Spydded                              | Date Compl. Ready to Prod.   | Total Depth  | P.B.T.D.   |
| 7/6/70                                    | Amoust 11.1970   | 9960 KD3   | 9928 KOB   |
| Elevations (DF, RKB, RT, GR, etc.)        | Name of Producing Formation  | Top Oil/Gas Pay  | Tubing Depth                                       |
| 4162.4 BR                                 | Bough "C"  | 9820   | 9/1/   |
| Perforations                              | -41-45-49 + 9251   |  | Depth Casing Shoe                                  |
| 7815 - 01-34-51                           |  | CEMENTING RECORD   | 1 / 100 12013                                      |
| HOLE SIZE                                 | CASING & TUBING SIZE   | DEPTH SET  | SACKS CEMENT                                       |
| 17/20                                     | 1379°  | 3720 /CAP.   | 375 5X6 4 272 0 C.                                 |
| 11"                                       | 7 5/2"   | 4090 KDB   | 950 LKS 69 Act 29 6.6                              |
| 797                                       | 5/2  | 79401 KAR  | 300 SHS HO. Gel                                    |
| ,   | 27/1"  | 7719 KNB   |  |
| TEST DATA AND REQUEST FO                  | OR ALLOWABLE (Test must be a)  | fter recovery of total volume <mark>of load oil</mark><br>pth or be for full 24 hours) | and must be equal to or exceed top allow-          |
| OIL WELL  Date First New Oil Run To Tanks | Date of Test   | Producing Method (Flow, pump, gas li   | ift. etc.)   |
| Amon + 11/970                             | August 11 1970   | Flour  | ,,,,   |
| Length of Test                            | Tubing Pressure  | Casing Pressure  | Choke Size   |
| 24 Hours                                  | 350  | PKY  | 1 1/2 "  |
| Actual Prod. During Test                  | Oil-Bbls.  | Water-Bbls.  | Gas-MCF  |
| 960                                       | 360  | 602  | 450  |
|   |  |  |  |
| GAS WELL Actual Prod. Test-MCF/D          | Length of Test   | Bbls. Condensate/MMCF  | Gravity of Condensate                              |
| Actual Prod. 1est-MCF/D                   | Length of lest   | Bols. Condensate/MMCF  | Gravity of Condensate                              |
| Testing Method (pitot, back pr.)          | Tubing Pressure  | Casing Pressure  | Choke Size   |
|   |  | -  |  |
| CERTIFICATE OF COMPLIANCE                 | CE   | OIL CONSERVA   | ATION COMMISSION                                   |
| - I COM LIMIT                             | <del></del>  | 0.10 ( )   |  |
|   | egulations of the Oil Conservation                                   | APPROVED   | , 19   |
|   | with and that the information given best of my knowledge and belief. | BY Julyle &-   | (lene to   |
|   | /  | City & Gent In   | pecto:   |
| ( i li / 2/2/1/2 -                        |  | TITLE OIL & GOS MAPPOR   |  |
|   |  |  | compliance with RULE 1104.                         |
| Carely 100                                | 1 kins   | If this is a request for allo-   | wable for a newly drilled or deepened              |
| / / Signa                                 | iture) /   | ii well, this form must be accompa   | anied by a tabulation of the deviation             |

| Carley Halkins           |
|--------------------------|
| Senior Academation Clark |
| Anaust 12 1920           |
| (Date)                   |

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.

## Deviation Surveys

| <u>Depth</u>   | Degree   |
|--|--|
| 386<br>910<br>1410<br>2310<br>2769<br>3265<br>3745<br>4090<br>4500<br>4740<br>5200<br>5738<br>6200<br>6700<br>7094 | 1/2<br>3/4<br>3/4<br>1-1/4<br>1-1/4<br>1-1/2<br>1-1/4<br>1/2<br>3/4<br>1<br>1/2<br>1/2<br>3/4<br>1 |
| 7469<br>7761<br>8005<br>8356<br>8595<br>8788<br>9214<br>9386<br>9521<br>9791                                       | 1<br>1<br>1-1/4<br>1-1/2<br>1-1/2<br>1/2<br>1<br>1-1/4<br>1<br>1/4                                 |

The above is true and complete to the best of  $\ensuremath{\mathsf{my}}$  knowledge and belief.

Sworn to before me this 12th day of August, 1970.

Notary Public in and for/ Midland County, Texas

OIL CONSTRUCTION