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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

Operator John S. Goodrich	
Address 2205 Wilco Bldg. - Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Change of Operator

If change of ownership give name and address of previous owner Anderson Oil & Gas Company, Inc. - 250 Mid-America Bldg. - Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name Amerada State	Well No. Pool Name, including Formation 1 Bagley, Penn. North	Kind of Lease State, Federal or Fee State	Lease No. B-10356
Location Unit Letter <u>B</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1,980</u> Feet From The <u>East</u>			
Line of Section <u>33</u> Township <u>11-S</u> Range <u>33-E</u> , NMPM, <u>Lea</u> 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"/>	Address (Give address to which approved copy of this form is to be sent) Amoco Pipe Line 3411 Knoxville Ave., - Lubbock, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Warren Petroleum Corporation P. O. Box 1589 - Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 33
	Twp. 11-S	Rge. 33-E
	Is gas actually connected? Yes	
	When January 1971	

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 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 10-8-70	Date Compl. Ready to Prod. 11-12-70		Total Depth 10,181		P.B.T.D. 10,125			
Elevations (DF, RKB, RT, GR, etc.) 4,265 GL	Name of Producing Formation Lower Penn		Top Oil/Gas Pay 9,691		Tubing Depth 8,991			
Perforations 9442' to 10,030					Depth Casing Shoe 10,181			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	12-3/4"		400'		400 SX.			
11 "	8-5/8"		3,750'		300 SX.			
7-7/8"	5-1/2"		10,181'		375 SX.			

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	Date of Test	Producing Method (Flow, 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.

Owner

(Title)

April 4, 1975

(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