NO SE CUPIES NEL		,	
DISTRIBUTI			
SANTA FE			
FILE			<u> </u>
U.\$.G.5.			1
LAND OFFICE			
TRANSPORTER	OIL		1
	GAS		
OPERATOR			

February 18, 1972 (Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes (Ild C-104 and C-110 Effective 1-1-65

	U.S.G.S. LAND OFFICE OIL	AUTHORIZATION TO T	TO TRANSPORT OIL AND NATURAL GAS									
	TRANSPORTER GAS											
1.	PRORATION OFFICE											
	Anderson Oil & Gas Company, Inc.											
	405 Wall Towers East, Midland, Texas 79701											
	Reason(s) for filing (Check proper bo	ox)	Other (Pieas	e expian								
	New Well	Change in Transporter of:	omer (1 teas	e expanty)	4/12/12	BE						
	Recompletion Change in Ownership	OII Dry C	Gus lensate			1070						
	If change of ownership give name and address of previous owner	THIS WELL HAS BUEL	K PLACED IN THE POO IF YOU DO NOT CONC			***						
II.	DESCRIPTION OF WELL AND	NOTEY THIS DEFICE		UN UN	DESIGNATEL	Daniel "						
	Lease Name Hess State	Well No. Fool Name, Including 1 Bagley, Pen	Formation R-4304	Kind of Lease		Lease No.						
	Location	2 Dagley, Fell	in, No.	State, Federal	orfee State	E-1313						
	Unit Letter L; 2,	080 Feet From The South L	ine and 690	Feet From T	he West							
l	Line of Section 34 To	ownship 11-S Range	33-E , NMFM	,	Lea	Connty						
II.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G										
	Name of Authorized Transporter of Of Amoco Production	On Co. Trucks	Address (Give address									
}	Name of Authorized Transporter of Co		P.O. Box 311 Address (Give address)	9, Midla	and, Texas 7	9701						
Ĺ	Warren Petroleu		,									
	If well produces oil or liquids,	liquids, Unit Sec. Twp. Ege. Is as actually connected? When										
Ţ	give location of tanks.	L 34 11-S 33-E		S	oon as possib	le						
V. <u>(</u>	I this production is commingled wi COMPLETION DATA	ith that from any other lease or pool,	give commingling order	number:		1						
	Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	'v. Diff. Res'v.						
ŀ	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.							
	1 - 9 - 72	2-12-72	10,100		10,055							
	Elevations (DF, RKB, RT, GR, etc., 4, 271 KB	Name of Producing Formation Lwr. Penn.	Top Off/Gas Pay 9,654		Tubing Depth 9,676							
	Perforations 23 holes from 9,667 to 9,994			Depth Casing Shoe 10,100								
			CEMENTING RECORD									
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEM	ENT						
1	17 1/2"	12 3/4"	400		400 s							
-	11 '' 7 7/8''	8 5/811	3, 760		300							
	1 1/6	5 1/2"	10,100		375 s	X						
/. T	TEST DATA AND REQUEST FO		fter recovery of total volumenth or be for full 24 hours	ne of load oil an	d must be equal to or e	xceed top allow-						
٦	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,		etc.)							
ļ.,	2-12-72 ength of Test	Z-17-72 Tubing Pressure	Kobe 4" x 2	3/8" x 2	3/8" Pump							
'	24 hrs	Not Applicable	Casing Pressure		Choke Size							
7	Actual Prod. During Test	Oil-Bbis.	Packer Water-Bbie.		None Gas-MCF							
_	468 Barrels	297 Barrels	171 Barre	ls	371							
G	AS WELL											
7	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	(Gravity of Condensate							
7	Ceeting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in)	Choke Size							
, C	ERTIFICATE OF COMPLIANC	OIL C		ON COMMISSION								
	hanaku nasifu shas sha cuton and and	APPROVED 19										
Cd	hereby certify that the rules and re- ommission have been complied w											
			TITLE SUPERVISOR DISTRIC': I This form is to be filed in compliance with RULE 1104.									
								Milliane V. C	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.			
								Engineer				
	(Title)											

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

ACHES DE 1010 LES DE 1010