	DISTRIBUTION SANTA FE	EW MEXICO OIL CONSERVATION COMMISSIC REQUEST FOR ALLOWABLE AND Effective 1-1-65		
	U.S.G.S. LAND OFFICE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
	TRANSPORTER OIL GAS OPERATOR			
Ι.	Operator			
	Anderson Oil & Gas (Company, Inc.		
	Address 250 Mid-America Buil Reason(s) for filing (Check proper b	ding, Midland, Texas 7970	Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion	Oli 🔀 Dry Ga		
	Change in Ownerstip	Casinghead Gas Conde	nsate	
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AN Lease Name	D LEASE Weil No. Fool Name, including F	ormation R-44404 Kind of Leas	Se Lease No.
	Midwest	I North Bagley,	Penn. State, Føder	al or Fee Fee
	Location Unit Letter M ;	660 Feet From The South Lir	e and 510 Feet From	Tha West
	36		3-Е . NMPM, Lea	
				(contry)
П.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of OIL X or Condensate Address (Give address to which approved copy of this form is to be sent)			
	Amoco Pipe Line	Casinghead Gas 🕅 or Dry Gas 🗌	3411 Knoxy 111e Avenue Address (Give address to which appro	budbock Texas
	Warren Petroleum C	Corporation	P.O. Box 1589, Tuls	a. Oklahoma 74102
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. M. 26 11-S 33-E		hen ^f As soon As possible
₹.	If this production is commingled COMPLETION DATA	with that from any other lease or pool,		
	Designate Type of Comple	tion - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D,
	Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oll/Gas Pay	Fubing Depth
	Perforations		<u> </u>	Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			· · · · · · · · · · · · · · · · · · · ·	
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours;			
			Freducing Mothod (Flow, pump, gas lift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbis.	Water - Bble.	Gas-MCF
	l			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bb)s, Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			1	
/ I .	CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION COMMISSION DEC 18 1972	
	Commission have been complied	with and that the information given the best of my knowledge and belief.	BY	Orig. Signed by
			71TLE	Dist. I, Supv.
			This form is to be filed in compliance with RULE 1104.	
	Mallan Ville		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	
	Eggineer (Signature)		tests taken on the well in accordance with AULE 111.	
	(Title)		All sections of this form must be fliled out completely for allow- able on new and recompleted wells.	
	December 13, 1972 (Date)		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	-