ſ	NO. OF COPIES RECEIVED	-				
	DISTRIBUTION	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE U.S.G.S.		SPORT OIL AND NATURAL GAS	i i i i i i i i i i i i i i i i i i i		
ļ	LAND OFFICE					
	TRANSPORTER GAS					
	OPERATOR					
1.						
Ì	PETRO GRANDE, INCORPORATED Address 4219 Sigma Road, Dallas, Texas 75240					
	Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well Change in Transporter of: Change in ownership and operator					
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens	ate effective Decembe	r I, 1972.		
	If change of ownership give name		9 Sigma Road, Dallas, Te	xas 75240		
	DESCRIPTION OF WELL AND LEASE					
	Lease Name	Well No. Pool Name, Including For 6 Allison-Penn		Fee Federal NM-02875		
	Anderson	0 ATTSON-Femi				
	Unit Letter 2 ; 660	Feet From The North Line	and 1980 Feet From The	East		
	31 Tow	nship 8-S Range 3	. NMPM, Roos	evelt County		
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS X or Condensate	Address (Give address to which approved	l copy of this form is to be sent)		
	Mobil 011 Company		P. 0. Box 900, Dallas, T Address (Give address to which approved	exas 75221		
	Name of Authorized Transporter of Cas		Bartlesville, Üklahoma	copy of this form is to be daily		
	Cities Service Oil Co If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When			
	give location of tanks.	G 31 8-S 37-E		une 1, 1961		
IV.	f this production is commingled with that from any other lease or pool, give commingling order number:					
	Designate Type of Completio		New Well Workover Deepen	Pilg Back Same field in Similar		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
				Depth Casing Shoe		
	Perforations					
		TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE				
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)					
	OIL WELL able for this depth of be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
		Tubing Pressure	Casing Pressure	Choke Size		
	Length of Test	I aping Flees me		Gas - MCF		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.			
	GAS WELL	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D			Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)			
V	I. CERTIFICATE OF COMPLIANCE			TION COMMISSION		
	I hereby certify has the rules and regulations of the Oil Conservation		APPROVEDDEC 29 1972			
		with and that the information given best of my knowledge and belief.	BY Mathas C. Cleans			
	1. X. 11 .		This form is to be filed in C	ompliance with RULE 1104.		
	Yddie Heene		If this is a request for allow	able for a newly drilled or despense and by a tabulation of the deviation		
		Superintendent	well, this form must be accompanied by with RULE 111. tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-			
	(T	itle)	sole 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.			
		nber 25, 1972				
(Date)			Separate Forms C-104 must be filed for each pool in multiply completed wells.			

NO. OF COPIES RECEIVED					
CISTRIBUTION	· · ·				
SANTA FE		ST FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1		
FILE U.S.G.S.	·	ANS ANS	Effective 1-1-65		
LAND OFFICE	AUTHORIZATION TO T	RANSPORT OIL AND NATURA	AL, GAS		
TRANSPORTER OIL			5 11 43 M1 '67		
GAS GAS		7 MAY			
OPERATOR		19			
Operator	,		·		
EUGENE E. NEA	RBURG				
3303 Lee Parkway - Dallas, Texas 75219					
Reason(s) for filing (Check proper b	ox)	Other (Please explain)			
New Well	Change in Transporter of:	Change in⊨oper	ator		
Recompletion Change in Ownership		Gas Effective 2-1-			
		idensate			
It change of ownership give name and address of previous owner	Capitan, Inc. 3303 Lee	Parkway - Dallas, Texa	s 75219		
. DESCRIPTION OF WELL AN	DLEASE				
Lease Name Anderson		Name, Including Formation	Kind of Lease		
Location		Allison-Penn	State, Federal or Fee Federal		
Unit Letter B	Feet From The	Line and Feet Fi	rom The		
Line of Section 31	Cownship 8-S Range	37-Е , МАРМ,	Roosevelt County		
	······································		KOOSEVEIT County		
. DESIGNATION OF TRANSPO Name of Authorized Transporter of C	RTER OF OIL AND NATURAL	GAS Address (Give address to which a	pproved copy of this form is to be sent)		
Mobil OII Com					
Name of Authorized Transporter of C	Casinghead Gas 🗶 or Dry Gas 🗌	Address (Give address to which a	P. 0. Box 900 - Dallas, Texas Address (Give address to which approved copy of this form is to be sent)		
Cities Servic		Bartlesville, Ok			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. G 31 8-S 37-	Is gas actually connected?	When		
			6-1-61		
If this production is commingled v COMPLETION DATA	with that from any other lease or poo	ol, give commingling order number:			
Designate Type of Complet	tion - (X)	New Well Workover Deeper	Piug Back Same Res'v. Diff. Res'		
		······································			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforctions			Depth Casing Shoe		
	TUBING, CASING, A	ND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE-	SACKS CEMENT		
TEST DATA AND REQUEST		after recovery of total volume of load	oil and must be equal to or exceed top align		
OIL WELL Date First New Oil Run To Tanks	OIL WELL able for this d		pth or be for full 24 hours) Froducing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Cherry Bize		
Actual Prod. During Test	Oil-Bbls,	Water-Bbls.			
fordar from Daring fost	· · ·	water-Bbis.	Gas - MCF		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Concensate/MMCF			
		BDIS. Concensate/MMCF	Gravity of Concellate		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
CERTIFICATE OF COMPLIANCE					
			OIL CONSERVATION COMMISSION		
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.		APPROVED, 19			
		34			
61			TITLE		
S EL A			TITLE		
man Chel	2 Juna		This form is to be filed in compliance with RULE 1104.		
(Sig	(Signature)		llowable for a newly drilled or deepene npanied by a tabulation of the deviatio		
	Owner		cordance with RULE 111.		
	(Tiile) April 25, 1967		All sections of this form must be filled out completely for allow- able on new and recompleted wells.		
			III, and VI only for changes of owner		
(1	Date)		porter, or other such change of condition		
		Separate Forms C-104 must be filed for each pool in multiply completed wells.			

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DISTRIBUTIÓN			Form C-104			
SANTA FE		FOR ALLOWABLE	Supersedes Old, C-104 and C-110			
FILE		AND				
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OUL AND NATURAL G	4S			
LAND OFFICE			b			
TRANSPORTER OIL	_	· ·				
GAS						
OPERATOR						
I. PROBATION OFFICE	<u></u>					
	CAPITAN, INC.					
Adireas						
P. 0. Box	P. O. Box 19598 - Dallas, Texas 75219					
Reasor(s) for filing (Check proper be	Reason(s) for filing (Check proper box) Other (Please explain)					
ilew Well						
Recompletion						
Change in Ownership	Casinghead Gas X Conder	hsate	· · · · · · · · · · · · · · · · · · ·			
If change of ownership give name		<i>2</i>				
and address of previous owner						
II. DESCRIPTION OF WELL ANI	TEASE					
Lease Name	Well No. Pool Na	me, Including Formation	Kind of Lease			
Anderson	6	Allison - Penn	State, Federal or Fee Federal			
Location	1 6					
Unit Letter B	Feet From The Lir	ne andFeet From T	'he			
		DZE Poo	sevelt County			
Line of Section 31 , T	Cownship 88 Range	37E , NMPM, ROOS	Severt County			
II. DESIGNATION OF TRANSPO Name of Authorized Transporter of C	RTER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent)			
	Pipeline Company	P. O. Box 900 Dallas,				
Name of Authorized Transporter of	Casinghead Gas or Dry Gas.	Address (Give address to which approv				
	rvice Oil Company	Bartlesville, Oklahoma				
	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n			
If well produces oil or liquids, give lobation of tanks.	G 31 8S 37E	yes 6.	-1-61			
If the surface is commingled a	with that from any other lease or pool,	give commingling order number:				
IV. COMPLETION DATA	with that from any other rease of poor,					
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Dift. Res'v.			
Designate Type of Comple		1 1 				
Date Spudaed	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
			Tubing Depth			
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
			Depth Casing Shoe			
Perforations	Perforations					
	TUBING CASING AN	D CEMENTING RECORD				
HOLE SIZE	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 allou			
OIL WELL	OIL WELL able for this depth or be for full 24 hours)					
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas ii)	<i>it, etc.)</i>			
	Tubing Pressure	Casing Pressure	Choke Size			
Length of Test	Tubing Pressure	Cusing Pressure				
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF			
Actual Fred, During Foot						
· · · · · · · · · · · · · · · · · · ·	<u></u>		· · · · · · · · · · · · · · · · · · ·			
GAS WELL						
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size			
. CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION			
			OCT 1 0 196*			
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED				
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY				
0						
CAPITAN, INC.		TITLE				
1	Matte		This form is to be filed in compliance with RULE 1104.			
By:	By: Olu Malle		If this is a request for allowable for a newly drilled or deepened			
(Signapure)		well, this form must be accompanied by a tabulation of the ceviation tests taken on the well in accordance with RULE 111.				
(97)	Till	All sections of this form mu	All sections of this form must be filled out completely for allow-			
9-30-66	(Title)	able on new and recompleted w				
	(Date)	Fill out Sections 1, 11, 11 well name or number, or transpor	, and VI only for changes of owner ter, or other such change of condition			
	1		and the state of the second states of the second st			

Separate Forms C-104 must be filed for each pool in multiply completed wells.

