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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 <b>PETRO GRANDE, INCORPORATED</b>	
Address <b>4219 Sigma Road, Dallas, Texas 75240</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in ownership and operator effective December 1, 1972.
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner **Eugene E. Nearburg, 4219 Sigma Road, Dallas, Texas 75240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Anderson</b>	Well No. <b>6</b>	Pool Name, Including Formation <b>Allison-Penn</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM-02875</b>
Location				
Unit Letter <b>B</b>	<b>660</b>	Feet From The <b>North</b> Line and <b>1980</b>	Feet From The <b>East</b>	
Line of Section <b>31</b>	Township <b>8-S</b>	Range <b>37-E</b>	NMPM, <b>Roosevelt</b>	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)	
<b>Mobil Oil Company</b>	<b>P. O. Box 900, Dallas, Texas 75221</b>	
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)	
<b>Cities Service Oil Company</b>	<b>Bartlesville, Oklahoma</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>G</b>	Sec. <b>31</b>
	Twp. <b>8-S</b>	Rge. <b>37-E</b>
	Is gas actually connected? <b>yes</b>	
	When <b>June 1, 1961</b>	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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)

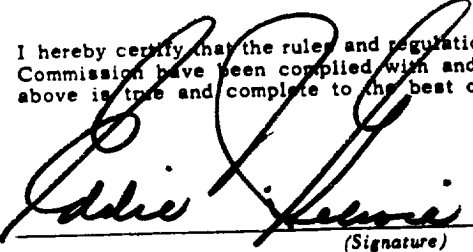
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

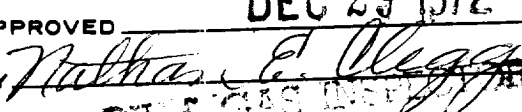
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

  
(Signature) **Eddie J. Gelwick**  
Production Superintendent  
(Title)  
**December 25, 1972**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 29 1972**, 19\_\_\_\_  
BY   
TITLE **OIL & GAS INSPECTION**

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 completed wells.



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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

MAIN OFFICE

27  
MAY 1967

MAY 5 11 43 AM '67

I. Operator  
**EUGENE E. NEARBURG**  
Address  
**3303 Lee Parkway - Dallas, Texas 75219**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
**Change in operator Effective 2-1-67**  
If change of ownership give name and address of previous owner **Capitan, Inc. 3303 Lee Parkway - Dallas, Texas 75219**

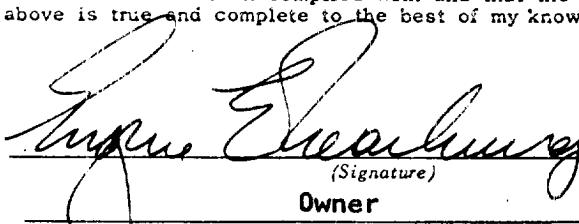
II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Anderson** Well No. **6** Pool Name, including Formation **Allison-Penn** Kind of Lease **Federal**  
Location  
Unit Letter **B** Feet From The **70** Line and **11-6** Feet From The **5**  
Line of Section **31** Township **8-S** Range **37-E** NMPM, **Roosevelt** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Mobil Oil Company** Address (Give address to which approved copy of this form is to be sent)  
**P. O. Box 900 - Dallas, Texas**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**Cities Service Oil Company** Address (Give address to which approved copy of this form is to be sent)  
**Bartlesville, Oklahoma**  
If well produces oil or liquids, give location of tanks. Unit **G** Sec. **31** Twp. **8-S** Rge. **37-E** Is gas actually connected? **yes** When **6-1-61**

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 Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Perforations Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SECT SACKS CEMENT

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 Casing Pressure 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.  
  
(Signature)  
**Owner**  
(Title)  
**April 25, 1967**  
(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.  
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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
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Effective 1-1-65

Operator CAPITAN, INC.	
Address P. O. Box 19598 - Dallas, Texas 75219	
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 type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

Lease Name Anderson		Well No. 6	Pool Name, Including Formation Allison - Penn	Kind of Lease State, Federal or Fee Federal
Location Unit Letter B ; 66 Feet From The 9 Line and 11 Feet From The				
Line of Section 31 , Township 8S Range 37E , NMPM, Roosevelt County				

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)		
Magnolia Pipeline Company		P. O. Box 900 Dallas, 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)		
Cities Service Oil Company		Bartlesville, Oklahoma		
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 31	Twp. 8S	Rge. 37E
				Is gas actually connected? yes
				When 6-1-61

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Casing Pressure	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.

CAPITAN, INC.

By: 

(Signature)

(Title)

9-30-66

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

Engineer

This form is to be filed in compliance with RULE 1104.

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