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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

I.

Operator <b>CAPITAN, INC.</b>	
Address <b>P. O. Box 19598 - Dallas, Texas 75219</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<b>Effective 9-1-66</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Anderson</b>	Well No. <b>5</b>	Pool Name, Including Formation <b>Allison - Penn</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location			
Unit Letter <b>J</b>	Feet From The <b>180</b>	Line and <b>170</b>	Feet From The <b>5</b>
Line of Section <b>31</b>	Township <b>8S</b>	Range <b>37E</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"/> <b>7-1-66 Magnolia Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 900 Dallas, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Cities Service Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Bartlesville, Oklahoma</b>
If well produces oil or liquids, give location of tanks.	Unit <b>G</b> Sec. <b>31</b> Twp. <b>8S</b> Rge. <b>37E</b>
Is gas actually connected?	When <b>6-1-61</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.		
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 **Controller District 1**

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 Sections I, II, III, and VI only 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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	GAS
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PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
HOBBS OFFICE D. E. E.  
AND  
HOBBS OFFICE D. E. E.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
DEC 18 11 34 AM '65  
NOV 30 11 36 AM '65  
Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator <b>CAPITAN, INC.</b>	
Address <b>P. O. Box 19598 - Dallas, Texas 75219</b>	
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 type="checkbox"/> Condensate <input type="checkbox"/>
Change in operator effective 11-1-65	
If change of ownership give name and address of previous owner <b>Tom L. Ingram - P. O. Box 1757 Roswell, New Mexico</b>	

Location Name <b>Anderson</b>		Well No. <b>5</b>	Pool Name, Including Formation <b>Allison-Penn</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location Unit Letter <b>J</b> , <b>1980'</b> Feet From The <b>S</b> Line and <b>1980'</b> Feet From The <b>E</b>				
Line of Section <b>31</b> , Township <b>8-S</b> , Range <b>37-E</b> , NMPM, <b>Roosevelt</b> County				

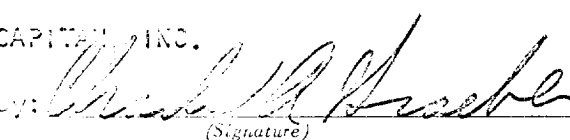
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Magnolia Pipeline Company</b>					Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 900 Dallas, Texas</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Capitan, Inc.</b>					Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 19598 Dallas, Texas 75219</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>6-1-61</b>

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	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		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	
CAPITAN, INC.  (Signature) <b>Charles A. Graeber, Treasurer</b> (Title) <b>November 15, 1965</b> (Date)		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 Sections I, II, III, and VI only 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.	

