NO. OF COPIES REC	i		
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE	REQUEST	CONSERVATION COMMISSION T FOR ALLOWABLE AND RANSPORT OIL AND NATURAL GAS		Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65		
1.	TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator					***************************************	
	Roden Oil Company						
	P. D. Box 767, Midla Reason(s) for filing (Check proper box, New Well		Other (Please	explain)			
	Recompletion Change in Ownership	O.1 Dry Ga Casinghead Gas Conden					
	If change of ownership give name and address of previous owner		4				
II.	DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease						
	Roden Bluitt Federal	Well No. Pool Name, Including Fo	an Andres)	Kind of Lease State, Federal or Fee	Federal	Lease No. NM 04421	
	Location		en Andres K. 37	3/			
	Unit Letter E; 208	36 Feet From The North Lin	e and 554	Feet From The	West		
	Line of Section 18 Tow	vnship 85 Range	38E , NMPM,	cooseve	lt	County	
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s				
****	Name of Authorized Transporter of Oil	. or Condensate .	Address (Give address to Western Dil T	o which approved cop	y of this form is to	te sent)	
	Mobil Cil Corporation Name of Authorized Transporter of Cas		P. O. Box 725 Address (Give address to	Hobbs, Ne	w Mexico	88240 be sent)	
	Vented				, -,	,	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. E 18 85 38E	Is gas actually connecte		soon as pos	sible	
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,					
	Designate Type of Completio	$\operatorname{con} = (X)$ Oil Well Gas Well	New Well Workover	Deepen Plug	Back Same Res	Diff. Restv.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1			
	1-17-69 Elevations (DF, RKB, RT, GR, etc.)	2-24-69 Name of Producing Formation	4,738' Top Oil/Gas Pay	Tubir	4,720 ^t		
	4004.5 GE	San Andres	4,697'		4,717		
	Perforations Eleven perforations at selected intervals 4,697-4,717						
		TUBING, CASING, AND		>			
	HOLE SIZE	8-5/8 20#	301°		SACKS CEME		
	7-7/8"	5-1/2: 14#	4. 738'		sx W/2% C		
					Class C1		
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or able for this depth or be for full 24 hours)						
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,				
	2-25-69 Length of Test	2-27-69	Pumpii		e Size		
	24 hrs.	Tubing Pressure	Casing Pressure	Chok	e 312e		
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-			
		52	23		26		
GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravi	ty of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in) Choke	 Size		
					NA 100		
VI.	CERTIFICATE OF COMPLIANC	CE .	OILC	ONSERVATION	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	A Property	2, 1	9	
			TIPLE DISTRICT !				
				X. a. B	If this is a request for allowable for a newly drilled or deepened		
(Signature) Drilling Engineer			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 allow-				
			II All sections of '	inia iomi must de l'	mien ont combiet	ava tol milon.	

February 28, 1969 (Title)

(Date)

able 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.