DISTRIBUTION

NEW MEXICO OIL CONSERVATION COMMIS

Form C-104

| | FILE | REQUEST | FOR ALLOWABLE | Supersedes Old C-104 and C-11 Effective 1-1-65 |
|------------|---|--|-------------------------------|---|
| | U.S.G.S. | AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | |
| | LAND OFFICE | - ACTIONIZATION TO TR | | RAL GAS |
| | TRANSPORTER OIL | 4 | | |
| | OPERATOR GAS | - | CASINGHEAD | GAS MOST NOT THE |
| • | PRORATION OFFICE | - | FLARING AND | 3///21 |
| 1. | Operator | | | 34 (E) - 6 (E) - 10 (E-4070 |
| | Anderson Oi | l Properties | is obtained | |
| | National Foundation Building, 3535 NN 58th Street, Oklahoma City, Oklahoma 73112 | | | |
| | Reason(s) for filing (Check proper bo | | Other (Places and | mona city, oktanoma 73112 |
| | New Well | Change in Transporter of: | Omer (Flease expire | RECEIVED |
| | Recompletion | Oil Dry Go | | |
| | Change in Ownership Casinghead Gas Condensate JAN 2.4 1977 | | | JAN 24 1977 |
| | If change of ownership give name | | | • |
| | and address of previous ownerU.S. GFOLOGICAL SUBJECT | | | |
| 11 | DESCRIPTION OF WELL AND LEASE ARTESIA, NEW MEXICO | | | |
| | Lease Name | Well No. Pool Name, Including F | <i>U</i> , | of Lease No. |
| | Federal (NM 18498) | 1 CATO - San And | ires 1-5456 State, | Federal or Fee Federal NM 18498 |
| | Location North 660 Fact | | | |
| | Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East | | | |
| | Line of Section 7 To | wmship 9 South Range 30 |) East , NMPM, | Chaves County |
| | Line of doction | | 7 1100 117 | County |
| III. | DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Mark to May 1 of Condens are Company Address (Give address to which approved copy of this form is to be sent) | | | |
| | Name of Authorized Transporter of Oi | | | |
| | Summit Gas Company Name of Authorized Transporter of Co | CUMMIT TRANSPORTATION COMPANY Isinghead Gas or Dry Gas | | ouston, Texas 77002 h approved copy of this form is to be sent) |
| | Hone | | | |
| | If well produces oil or liquids, | Unit Sec. Twp. Rge. | Is gas actually connected? | When Quantity insufficient |
| | give location of tanks. | ; H ; 7 ; 9S ; 30E | No | for connection |
| | | ith that from any other lease or pool, | give commingling order number | er: |
| IV. | COMPLETION DATA | Oil Well Gas Well | New Well Workover Dee | pen Plug Back Same Res'v. Diff. Res'v. |
| | Designate Type of Completi | on - (X) | X | 1 1 |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| | Nov. 25, 1976 | Dec. 31, 1976 | 3355 | 3317 (Insert Valve) |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| | 4032 GR 4042 DF Perforations | San Andres | 3280 | 3304 (from GL) Depth Casing Shoe |
| | Seven (7) Holes at 3280,3289, 3295, 3298, 3 | | 3306. 3310 & 3317 3355 | |
| | | | CEMENTING RECORD | |
| i | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| j | 7 7/8" | 8 5/8" 4 1/2" | 304 fr DF 3355 fr DF | |
| | 7.7/8 | 2 3/8" | 3304 fr GL | 130 |
| | | | | |
| 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- | | | |
| | OII. 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 lift, etc.) | | | |
| | | | Pump | |
| | Dec. 31, 1976 Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | 24 hours | | | - |
| | Actual Prod. During Test | Oil-Bbls. | Water-Bbis. | Gas - MCF |
| | | 54 | 116 | |
| | GAS WELL | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| l | | | | · |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| | | | <u> </u> | - FRANK FIGURE CONTRACTOR |
| VI. | CERTIFICATE OF COMPLIAN | CE | OIL CONSI | ERVATION COMMISSION |
| | I hereby certify that the rules and regulations of the Oil Conservation | | APPROVED | , 19 |
| | Commission have been complied | with and that the information given | De January | 15/20 |
| | above is true and complete to the best of my knowledge and belief. | | STIPERV | ACT BEINCT! |
| | | | 11 + (+1/- 7-12) | |

Karl

Rex Alcorn, Geologist & Operator's Representation 100 So. Kentucky, (Tale) Roswell, WI 83201 January 19, 1977 (622-4395)

(Date)

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.

Sanarata Forms C-104 must be filed for each sool in multiply

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