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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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 Tierra Exploration, Inc.	
Address P. O. Box 5057 Hobbs, New Mexico 88241	
Reason(s) for filing (Check proper box)	
New Well <input checked="" 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"/>
Other (Please specify) <b>CASINGHEAD GAS MUST NOT BE FLARED AFTER 1/1/85 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.</b>	

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Annarco	Well No. 1	Pool Name, including Formation Chaveroo - San Andres	Kind of Lease State, Federal or Fee State	Lease No. 061135
Location Unit Letter <u>N</u> ; <u>2310</u> Feet From The <u>West</u> Line and <u>990</u> Feet From The <u>South</u> Line of Section <u>3</u> Township <u>8-S</u> Range <u>33-E</u> , NMPM, Chaves County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) 1500 West Wall St. Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service	Address (Give address to which approved copy of this form is to be sent) Tulsa, OK					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 3	Twp. 8S	Rge. 33E	Is gas actually connected? No	When

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

I. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Resrv. <input type="checkbox"/>	Diff. Resrv. <input type="checkbox"/>
Date Spudded 6-15-84	Date Compl. Ready to Prod. 9-1-84		Total Depth 4396'		P.B.T.D. 4396'			
Elevations (DF, RAB, RT, GR, etc.), 4394.8' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 4330'		Tubing Depth 4391'			
Perforations See Attached Page					Depth Casing Shoe 4396'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
4-1/2"	11.6#, J-55, LT&C		4395'		280 sx Class "H"			
8-5/8"	24#, J-55, ST&C		1892'		700 sx Hal-Lite and 200 sx Class "C"			

II. 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 9-1-84	Date of Test 9-10-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 0	Casing Pressure 7 psi	Choke Size NA
Actual Prod. During Test 60 bbl.	Oil-Bbls. 6 bbl.	Water-Bbls. 54 bbl.	Gas-MCF 2

GAS WELL

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

III. 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.

Jan E. Clark  
(Signature)

NRE, Agents for Tierra Exploration, Inc.

(Title)

November 1, 1984

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV - 5 1984, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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 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 filled for each pool in multiply completed wells.