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

TRANSPORTER: Oil / Gas

OPERATOR

PRORATION OFFICE

Operator: Major, Olobel & Forster

Address: 1120 Vaught Building, Midland, Texas 79701

Reason(s) for filing (Check proper box) | Other (Please explain)

New Well
Recompletion
Change in Ownership
Change in Transporter of: Oil / Dry Gas / Casinghead Gas / Condensate

If change of ownership give name and address of previous owner

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
E. B. Anderson	1	West Bronco Devonian	State, Federal or Fee Fee	

Unit Letter L ; 660 Feet From The West Line and 2310 Feet From The South

Section 6 Township 13-S Range 38-E , NMPM, Lea County

Name of Authorized Transporter of Oil X or Condensate | Address (Give address to which approved copy of this form is to be sent)

Phillips Pipeline Company — B - 2, Phillips Building, Odessa, Texas 79760

Name of Authorized Transporter of Casinghead Gas X or Dry Gas | Address (Give address to which approved copy of this form is to be sent)

Warren Petroleum Corporation — P. O. Box 1589, Tulsa, Oklahoma 74102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	6	13-S	38-E	No	Estimated May 15, 1968

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.
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

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 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

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)

Engineer
(Title)

April 15, 1968
(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.

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.