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U.S.G.S.	
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  
**Major, Giebel & Forster**

Address  
**Box 953, Midland, Texas**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Re-completion	<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"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name  
**E. B. Anderson**

Well No. **1** Pool Name, including Formation **West Bronco Devonian** Kind of Lease **Fee**

Location

Section Letter **L** ; **990** Feet From The **West** Line and **2310** Feet From The **South** Line of Section **6** , Township **13S** Range **38E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Admiral Crude Oil Corp.** Address (Give address to which approved copy of this form is to be sent)  
**Box 1345, Midland, Texas**

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
**none** Address (Give address to which approved copy of this form is to be sent)

It well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is well actually connected?	When
	<b>L</b>	<b>6</b>	<b>13S</b>	<b>38E</b>	<b>no</b>	<b>near future</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'tv.	Diff. Res'tv.
	<b>X</b>		<b>X</b>					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.
<b>11/21/67</b>	<b>1/14/68</b>	<b>12197</b>	

Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
<b>Bronco West Devonian</b>	<b>Devonian</b>	<b>12177</b>	<b>12177</b>

Perforations	Depth Casing Shoe
	<b>12182</b>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17 1/2</b>	<b>12 3/4</b>	<b>390</b>	<b>400</b>
<b>11</b>	<b>8 5/8</b>	<b>4505</b>	<b>400</b>
<b>7 7/8</b>	<b>5 1/2</b>	<b>12182</b>	<b>900</b>

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 allowable for this depth or be for full 24 hours)

Oil Well

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
<b>1/14/67</b>	<b>1/14/67</b>	<b>flow</b>

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<b>24</b>	<b>300</b>	<b>300</b>	<b>32/64</b>

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	<b>804</b>	<b>0</b>	<b>100.5</b>

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.

Agent **2/14/68** (Title) (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 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.