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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  
Conoco Inc.  
Address  
P.O. Box 460, Hobbs, New Mexico 88240  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Change of corporate name from Continental Oil Company effective July 1, 1979.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Anderson Ranch Unit	Well No. 7	Pool Name, including Formation Anderson Ranch Morrow Gas	Kind of Lease State, Federal or Fee	Lease No. B-9683
Location Unit Letter <u>W</u> : <u>660</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>E</u> Line of Section <u>2</u> Township <u>16 S</u> Range <u>32 E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Shell Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) Box 1910 Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Continental Oil Co. MGP #60	Address (Give address to which approved copy of this form is to be sent) Box 2197 Houston, Texas					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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't.	Diff. Res't.
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			

V. 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	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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

J. J. Monahan  
(Signature)  
Division Manager  
(Title)

6-7-79  
(Date)  
NMOCD (5) ARU PARTNERS FILE

OIL CONSERVATION COMMISSION

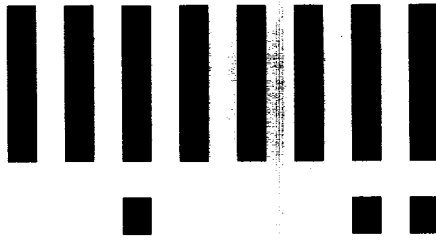
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Jerry Sifton  
TITLE District Supervisor

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.

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JUN 12 1979

OIL CONSERVATION COMM.  
ROCKS, N. M.



**LTR**



**Job separation sheet**

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>B-9683</b>

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name <b>ANDERSON RANCH</b>
2. Name of Operator <b>CONTINENTAL OIL COMPANY</b>	8. Farm or Lease Name <b>ANDERSON RANCH UNIT</b>
3. Address of Operator <b>Box 460, Hobbs, N.M. 88240</b>	9. Well No. <b>7</b>
4. Location of Well UNIT LETTER <b>W</b> , <b>660</b> FEET FROM THE <b>SOUTH</b> LINE AND <b>1980</b> FEET FROM THE <b>EAST</b> LINE, SECTION <b>2</b> TOWNSHIP <b>16-S</b> RANGE <b>32-E</b> NMPM. <b>ANDERSON RANCH MORROW</b>	10. Field and Pool, or Wildcat <b>ANDERSON RANCH MORROW</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>4306' DF</b>	12. County <b>LEA</b>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <b>RE-SET CIBP &amp; Treat</b> <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103

**CIBP @ 12.300' ruptured during recent treatment.**  
**Set CIBP @ 12.250' w/20' cmt. on top. Frac**  
**Morrow perts w/5000 gals. trtd. fresh wtr., 15,000 gals.**  
**"ALCOGEL" w/CO<sub>2</sub> @ 3/4" per gal 20/40 sd.**  
**Test before: 645 MCFPD. Test after: 2300 MCFPD.**  
**Work started 8-14-75. Completed 8-24-75.**

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *[Signature]* TITLE **Sr. Analyst** DATE **10-8-75**

APPROVED BY **Les Clemons** TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY:

*attest - of Atlantic Gulf Towing Co.*