ы І.	STATE OF NEW MEXICO RGY AND MINERALS DEPARTMENT DISTRIBUTION SANTA FE FILE US.O.S. CAND OFFICE ONL OFENATION PROMATION OFFICE OFENATION PROMATION OFFICE COPERATON PROMATION OFFICE COPERATON PROMATION OFFICE COPERATON PROMATION OFFICE P. O. BOX 2237 Mic Resson(s) for filing (Check proper box, New Well	P. O. BO SANTA FE, NEV REQUEST FO A AUTHORIZATION TO TRANS Iland, Tx. 79702 -	W MEXICO 87501 R ALLOWABLE ND PORT OIL AND NATURAL GAS Other (Please explain) CASINGHEAD GAS	Form C-104 Revised 10-1-78 MUST NOT BE	
	Recompletion	Chainghead Gas Conder	INTER AN EVOL	PTION TO R-4070	
	If change of ownership give name and address of previous owner				
1.	DESCRIPTION OF WELL AND I Leave Name NO. Anderson Ranch Unit Location Unit Letter I : 1980	Teet From The South Lin	anch (Cisco Canyon) ^{state, Federal}		
	Line of Section 32 T. Anship 155 Range 32E , NMPM, County				
Ί.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil The Permian Corporation Name of Authorized Transporter of Cas Conoco, Inc.	ingheadi Gas XX or Dry Gas	Address (Give address to which approv P. O. Box 2237, Houston, Address (Give address to which approv	Tx. 77001 red copy of this form is to be sent)	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. I 32 15S 32E	Is gas actually connected? When NO	5-14-85	
	If this production is commingled with that from any other lease or pool,		give commingling order number:	N/A	
•••	COMPLETION DATA Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded	Date Campl. Ready to Prod.	XX Total Depth	P.B.T.D.	
	2-27-85	5-26-85	10,607'	10,538' Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.) 4314 GL	Name of Producing Formation Canyon	Top Cil/Gas Pay 10,527'-10,535'	10,552'	
	Perforations	1 435		Depth Casing Shoe	
	10,527-10,535 TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	175"	13-3/8"	423	420 sx CL "C"	
	<u>11 "</u>	8-5/8"	4193	2000 sx Pacesetter+310sy 740 sx "H" CL"C"	
	7-7/8"	<u>5-12"</u> 2-3/8"	10,606.35	/40 SX "H" CL C	
.'. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to able for this depth or be for full 24 hours) OIL WFIL Date of Test Producing Method (Flow, pump, gas lift, etc.)					
	5-25-85	5-28-85	Pump	Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure		
ł	Actual Prod. During Test	Oll-Bble.	Water-Bbis.	Gas-MCF	
		77 A	180	46	
ſ	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
ļ	Testing Method (pitol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shat-in)	Choke Size	
ļ		· · · · · · · · · · · · · · · · · · ·			
I. 1	CERTIFICATE OF COMPLIANC	E	11		
1	hereby certify that the rules and re	gulations of the Oil Conservation	APPROVED JUN 1	0 1985	
1	Division have been complied with	have been complied with and that the information given true and complete to the beat of my knowledge and belief,		BYORIGINAL SIGNED BY SEATON	
Jean Mills (Signoliwe) Production Clerk (Title) 			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 deepenet 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 allow able on new and recompleted wells. Fill out only Sections I, II. III. and VI for changes of owner well passe or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiple completed wells.		

RECEIVED JUN - 6 1985 C.C.D. HOBBS OTHER