

District I  
PO Box 1900, Hobbs, NM 88241-1900  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Arriba Rd., Aztec, NM 87410  
District IV  
PO Box 1000, Santa Fe, NM 87504-1000

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Form C-104  
Revised February 10, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address KEVIN O. BUTLER & ASSOCIATES, INC. P. O. BOX 1171 MIDLAND, TEXAS 79702		OGRID Number 012627
		Reason for Filing Code CO effective 10/01/97
API Number 30 - 0 25-29748	Pool Name Lovington Penn, Northeast	Pool Code 40760
Property Code 002404	Property Name Anderson "6"	Well Number #1

II. <sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
U	6	16S	37E		510	South	850	West	Lea

<sup>11</sup> Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
" Loc Code	" Producing Method Code	" Gas Connection Date	" C-119 Permit Number	" C-119 Effective Date	" C-119 Expiration Date				

III. Oil and Gas Transporters

" Transporter OGRID	" Transporter Name and Address	" POD	" O/G	" POD ULSTR Location and Description
138648	Amoco Pipeline Intercompany Trucking, 200 N. Loraine, Ste 1200, Midland TX 79701	0650610	0	

IV. Produced Water

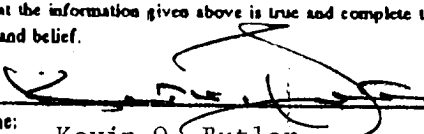
" POD	" POD ULSTR Location and Description

V. Well Completion Data

" Spud Date	" Ready Date	" TD	" PBTD	" Perforations
" Hole Size	" Casing & Tubing Size	" Depth Set	" Sacks Cement	

VI. Well Test Data

" Date New Oil	" Gas Delivery Date	" Test Date	" Test Length	" Tbg. Pressure	" Csg. Pressure
" Choke Size	" Oil	" Water	" Gas	" AOP	" Test Method

" I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature: 		OIL CONSERVATION DIVISION Approved by: ORIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT SUPERVISOR	
Printed name: Kevin O. Butler		Title:	
Title: President		Approval Date: OCT 10 1997	
Date: 09/30/97	Phone: 915/682-1178		
" If this is a change of operator fill in the OGRID number and name of the previous operator			
Previous Operator Signature		Printed Name	Title Date

District I  
PO Box 1988, Hobbs, NM 88241-1988  
District II  
PO Drawer DD, Artesia, NM 88211-9719  
District III  
1800 N. Bridge Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
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I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address KEVIN O. BUTLER & ASSOCIATES, INC. P. O. BOX 1171 MIDLAND, TEXAS 79702		OGRID Number 012627
Reason for Filing Code CO effective 7-1-96		
API Number 30 - 025-29748	Pool Name Lovington Penn, Northeast	Pool Code 40760
Property Code 002404	Property Name Anderson "6"	Well Number 1

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West Line	County
0	6	16S	37E		510	South	850	West	Lea

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West Line	County
UL Code P	Producing Method Code P	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
13063	Lantern Oil Corp. P. O. Box 2281 Midland, Texas 79702	0650610	0	

IV. Produced Water

POD	POD ULSTR Location and Description

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New OIL	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	OIL	Water	Gas	AOP	Test Method

"I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief"

Signature: 

Printed name: Kevin O. Butler

Title: President

Date: 6-25-96

Phone: 915-682-1178

OIL CONSERVATION DIVISION

Approved by:

ORIGINAL SIGNED BY

GARY MILLS

Title:

FIELD REP II

Approval Date:

JUN 27 1996

"If this is a change of operator fill in the OGRID number and name of the previous operator"

Previous Operator Signature	Printed Name	Title	Date

OIL CONSERVATION DIVISION

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Kevin O. Butler & Associates, Inc.	Well API No. 30-025-29748
Address P. O. Box 1171, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Estoril Producing Corporation	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Anderson "6"	Well No. 1	Pool Name, Including Formation Lovington Penn, NE	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>U</u> : <u>850</u> Feet From The <u>W</u> Line and <u>510</u> Feet From The <u>S</u> Line Section <u>6</u> Township <u>16S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Sun Refining & Marketing	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2039, Tulsa, OK 74102					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1500, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit U	Sec. 6	Twp. 16S	Rge. 37E	Is gas actually connected? Yes	When? 12-1-86

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'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

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 Tank	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 (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature  
Kevin O. Butler  
Printed Name  
5-8-92  
Date  
President  
Title  
915-682-1178  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 22 '92  
By \_\_\_\_\_  
Title \_\_\_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.