

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.D.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Horizon Oil & Gas Co.	
Address P.O. Box 7 Spearman, Texas 79081	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_ THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. *Accrual factor .50*

II. DESCRIPTION OF WELL AND LEASE

Lease Name Anderson	Well No. 1	Pool Name, including Formation Monument Tubb	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>0</u> : <u>330</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>20S</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"/>	Address (Give address to which approved copy of this form is to be sent)
Enron Oil Trading & Transportation Company	P.O. Box 1188 Houston, Texas 77251-1188
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum	P.O. Box 15189 Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Unit : Sec. : Twp. : Rge. : Is gas actually connected? : When
	0 : 8 : 20S : 37E : YES : January 19, 1988

If this production is commingled with that from any other lease or pool, give commingling order number: R-8722 *DHC*

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

*Curtis F. Covington*  
(Signature)  
Engineer  
(Title)  
9-20-88  
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 22 1988, 19  
BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT I 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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-30-87	Date Compl. Ready to Prod. 9-7-88		Total Depth 6800'		P.B.T.D. 6485'				
Elevations (DF, RKB, RT, GR, etc.) 3550 RKB	Name of Producing Formation Tubb		Top Oil/Gas Pay 6362		Tubing Depth 6348'				
Perforations 6362' - 6374' and 6452' - 6466'						Depth Casing Shoe 6539'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17	13 3/8		250		260 SX				
11	8 5/8		1215		470 SX				
7 7/8	5 1/2		6539		820 SX				

#### 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)

Date First New Oil Run To Tanks 8-21-87 Swabbed	Date of Test October 6, 1987	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure 20#	Choke Size ---
Actual Prod. During Test 17	Oil - Bbls. 6	Water - Bbls. 11	Gas - MCF 47

#### 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

RECEIVED

SEP 21 1988

OCD  
HOBBS OFFICE