

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

IN OR OUT OF STATE	
DISTRICT	
SANTA FE	
FILE	
W.A.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
OPERATION OFFICE	

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

Form C-104
Revised 10-01-78
Permit 88-01-83
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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)

☐ New Well	Change in Transporter of:	☐ Oil	☐ Dry Gas
☒ Recombination	☐ Casinghead Gas	☐ Condensate	
☐ Change in Ownership			

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Anderson	Well No. 1	Pool Name, Including Formation Monument Paddock	Kind of Lease State, Federal, or Fee Fee	Lease No.
Location Unit Letter 0 : 330 Feet From The South Line and 1980 Feet From The East Line of Section 8 Township 20S Range 37E NMPM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Enron OH Trading & Transportation Co.

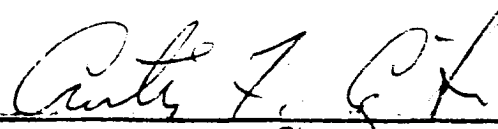
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Tecoco Crude Oil	Address (Give address to which approved copy of this form is to be sent) 8700 West Loop Dr., Suite 100, Houston, TX 77028
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Unit, Sec., Twp., Rge. 0 8 20S 37E
Is gas actually connected? Yes	When Jan. 19, 1988

If this production is commingled with that from any other lease or pool, give commingling order number: NA

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)

April 30, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 3 - 1988, 19
BY Paul Kautz
Geologist
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 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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IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Sect	Same Res'ty.	Diff. Res'ty.
		XX					XX		
Date Spudded 6-30-87	Date Compl. Ready to Prod. 4-21-88	Total Depth 6800'		P.B.T.D. 5400'					
Expositions (DF, RKB, RT, GR, etc.) 3550 RKB	Name of Producing Formation Paddock	Top Oil/Gas Pay 5110		Tubing Depth 5353					
Perforations 5118 - 5178 OA 36 Holes							Depth Casing Shoe 6539		

TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17	13 3/8	250	260
12 1/4	8 5/8	1,215	470
7 7/8	5 1/2	6,539	820

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of initial 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 4-21-88	Date of Test 4-29-88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hours	Tubing Pressure NA	Casing Pressure 40#	Choke Size NA
Actual Prod. During Test 206	Oil - Bbls. 31	Water - Bbls. 175	Gas - MCF 26

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (photo, back prod.)	Tubing Pressure (SEWT-lb)	Casing Pressure (SEWT-lb)	Choke Size

RECEIVED
 MAY 2 1988
 OCD
 HOBBS OFFICE