

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	To show transporter of Casinghead Gas.
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	Pumping oil well.
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

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 Blinbry	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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Tesoro Crude Oil Co.	Address (Give address to which approved copy of this form is to be sent) 8700 Tesoro Dr., San Antonio 78286
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) 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:

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.

Gloria D. Knox (Signature)
Office Manager (Title)

March 4, 1988 (Date)

OIL CONSERVATION DIVISION

MAR 7 - 1988

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT 1 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 X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-30-87	Date Compl. Ready to Prod. 12-1-87	Total Depth 6800'		P.B.T.D. 6097'					
Elevations (DF, RKB, RT, GR, etc.) 3550 RKB	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5590'		Tubing Depth 6026'					
Perforations 5593' - 5700'						Depth Casing Shoe 6539'			
TUBING, CASING, AND CEMENTING RECORD									
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 24 hours for full 24 hours)

Date First New Oil Run To Tanks 10-16-87 Swabbed	Date of Test 12-2-87	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure 25#	Choke Size -
Actual Prod. During Test	Oil - Bbls. 17	Water - Bbls. 47	Gas - MCF (Casinghead) 47

GAS WELL

Actual Prod. Test - MCF/D NA	Length of Test NA	Bbls. Condensate/MMCF NA	Gravity of Condensate NA
Testing Method (plot, back pr.) NA	Tubing Pressure (Start-in) NA	Casing Pressure (Start-in) NA	Choke Size NA