

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator J. R. CONE	
Address P. O. BOX 10217, LUBBOCK, TEXAS 79408	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name ANDERSON	Well No. 2	Pool Name, Including Formation HARE SIMPSON	Kind of Lease State, Federal or Fee FEE	Lease No.
Location				
Unit Letter I	1650	Feet From The South	Line and 330	Feet From The East
Line of Section 21	Township 21S	Range 37E	NMPM, LEA	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88240		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3000, Tulsa, Oklahoma 74102		
If well produces oil or liquids, give location of tanks.	Unit 1 Sec. 21 Twp. 21S Rge. 37E	Is gas actually connected? Yes	When 1949

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
	X			X				X
Date Spudded Feb. 16, 1948	Date Compl. Ready to Prod. Recompl. 7/9/84	Total Depth 8250	P.B.T.D. 8235					
Elevations (DF, RAB, RT, GR, etc.) 3435 DF: 3425 GR	Name of Producing Formation Hare Simpson Pools	Top Oil/Gas Pay 7700	Tubing Depth 7368 RTTS					
Perforations 7700-8105	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
16 3/4	13 3/8	260	200 circ
9 3/4	8 5/8	2789	1600
7 3/4	5 1/2	8247	650
7/16/84	2 3/8	7368 RTTS	

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)

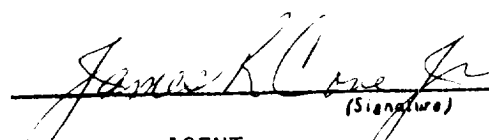
Date First New Oil Run To Tanks	Date of Test 7/13/84	Producing Method (Flow, pump, gas lift, etc.) Swab	
Length of Test 12 hrs	Tubing Pressure	Casing Pressure	Choke Size 2"
Actual Prod. During Test 7.5 oil	Oil - Bbls. 15	Water - Bbls. 36.5	Gas - MCF

GAS WELL

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

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)
AGENT
(Title)
10/29/84
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 3 1984, 19_____
BY ORIGINAL SIGNED BY JIMMY SEXTON
DISTRICT 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 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.