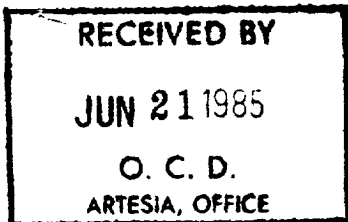


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER | <input type="checkbox"/> |
| OIL | <input type="checkbox"/> |
| GAS | <input type="checkbox"/> |
| OPERATOR | <input checked="" type="checkbox"/> |
| PRODUCTION OFFICE | <input type="checkbox"/> |



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
Anadarko Production Company

Address
P. O. Drawer 130, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☒ Change in Ownership
 Change in Transporter of:
☐ Oil ☐ Dry Gas
☐ Casinghead Gas ☐ Condensate

Other (Please explain)
Anadarko acquired this well from Phillips Oil Company; well was formerly named Atalaya Federal A Com. #1.

If change of ownership give name and address of previous owner

Phillips Oil Co.

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|--|--|--------------------------------|
| Lease Name Atalaya Federal | Well No. 1 | Pool Name, including Formation Grayburg-Jackson-Queen-SA | Kind of Lease 1/4 Int. Federal/4 F/F | Lease No. NM 0558580 |
| Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line of Section 35 Township 17S Range 30E , NMPM, Eddy County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|--|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | Twp. | Rge. |
| Is gas actually connected? | When | |

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

Post ID-3
6-22-85
Chg. p. +
Well Name

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.

[Signature]
(Signature)
Area Supervisor
(Title)
June 21, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED **JUN 24 1985**, 19
BY **Original Signed By**
Les A. Clements
TITLE **Supervisor District II**

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.