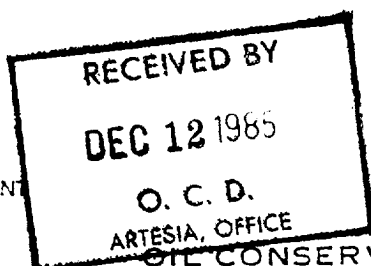


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT



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

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Anadarko Petroleum Corporation ✓

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

Reason(s) for filing (Check proper box)

| | | |
|----------------------------------------------|-----------------------------------------|-------------------------------------|
| <input type="checkbox"/> New Well | Change in Transporter of: | <input type="checkbox"/> Dry Gas |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Oil | <input type="checkbox"/> Condensate |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | |

Other (Please explain)
Designate Transporter of Casinghead Gas.

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------|--------------------------------------|-------------------------|
| Lease Name Atalaya Federal | Well No. 1 | Pool Name, including Formation Grayburg-Jackson-SR-Q-G-SA | Kind of Lease State/Federal State | Lease No. NM 0558580 |
| Location Unit Letter <u>L</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>35</u> Township <u>17S</u> Range <u>30E</u> , NMPM, <u>Eddy</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"/> Navajo Refining Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, New Mexico |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Corporation | Address (Give address to which approved copy of this form is to be sent) P. O. Box 6666, Odessa, Texas 79760 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. <u>L</u> <u>35</u> <u>17</u> <u>30</u> |
| Is gas actually connected? | When <u>Yes</u> <u>Dec. 11, 1985</u> |

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.

(Signature)
Area Supervisor
(Title)
December 10, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 23 1985, 19 _____
BY _____ Original Signed By
Les A. Chappin
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.

1052 ID-3
12-26-85
Add GT:PP