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## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTI		1	
SANTA FE	1		
FILE		1	7
U.S.G.S.	-	•	
LAND OFFICE		7	
TRANSPORTER	OIL	7	
	GAS	7	
OPERATOR	V		
PROSATION 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

PROMATION OFFICE	ALITUOT		NU				
I.	AUTHUR	RIZATION TO TRANS	PORT OIL AND NA	TURAL GAS			
Operator		<del></del>					
Anadarko Petroleum Co	rporat:	ion 🗸					
Address			······································				
P. O. Drawer 130, Art	esia, l	New Mexico 882	210				
Reason(s) for liling (Check proper box)			Other (Pla	ease explain)	·		
New Well	Change in Transporter of: Designate transporter of Casinghead						
Recompletion	011	Пь	Dry Gas gas from well to Gas Treating Plant.				
Change in Ownership	XX Cast	nghead Gas C	Condensate Ex 2-766 Upt 3/22/81				
			F1 Z	-166 Until 3/22	[8]		
If change of ownership give name							
and address of previous owner							
II. DESCRIPTION OF WELL AND LE	ASE	Para in	* * * *				
Lecse Name		Pool Name, Including F	ormation	Kind of Lease	Lease No.		
Matlock	1	Dagger Draw -	Upper Penn	skyld, topdated by Foo	FEE		
Location							
Unit Letter J ; 1980	F F	- The South	1000				
1700	_ reet rioi	m the South Lin	19 and190U	Feet From The East	<del></del>		
Line of Section 4 Township	,	19S Range	25E , NM	IPM, Eddy	<b>a</b>		
·			2311 1100	Eddy	County		
III. DESIGNATION OF TRANSPORT	ER OF C	DIL AND NATHRAI	GAS				
Name of Authorized Transporter of Off X		ondensate 🗀	Address (Give addre	ss to which approved copy of this fo	rm is to be sent)		
J M Petroleum Corporation			Dallas. Texa	ss to which approved copy of this for, Plaza of the America 75201	cas,		
Name of Authorized Transporter of Casinghe		or Dry Gas	Address (Give addre	ss to which approved copy of this fo	rm is to be sent!		
Anadarko Petroleum Corpor	ation		1	130, Artesia, New Me			
If well produces oil or liquids, Unit		Twp. Rge.	Is gas actually conn	ected? When	xico 88210		
give location of tanks.	1 1	4 19S 25E	Yes	10-29-85	Post In-3		
If the anadomic is assumed with the	• 6		<del>*</del>		2-18-86		
If this production is commingled with the	t from any	y other lease or pool,	give commingling or	der number:			
NOTE: Complete Parts IV and V on	reverse si	ide if necessary.			Chg GT: GNM		
		<del></del>					
VI. CERTIFICATE OF COMPLIANCE			UIL	CONSERVATION DIVISION	V		
I hereby certify that the rules and regulations of	the Oil Co	nservation Division have	APPROVED	FFB 27 1986			
been complied with and that the information give	n is true an	d complete to the best of	/ KOVES		, 19		
my knowledge and belief.			BY	Original Signed By			
		Į.		Les A. Clements			
			TITLE	Supervisor District (1)			
1 Sa College		•	This form is	to be filed in compliance with	RULE 1104.		
(Signature)	rec	~	If this is a r	equest for allowable for a newly	drilled or deenened		
Area Supervi			well, this form m	ust be accompanied by a tabulat	tion of the deviation		
	201		tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-				
(Title) February 7	1986		able on new and	recompleted wells.	onfinerath tot #1106/		
February 7, 1986 (Date)			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.				
		Įį.	Separate For completed wells.	ms C-104 must be filed for ea	ch pool in multiply		