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 ARTESIA, OFFICE

STATE OF NEW MEXICO
 ENERGY AND MINERALS DEPARTMENT

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

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

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OIL	✓
GAS	✓
OPERATOR	✓
PRODUCTION OFFICE	

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	Other (Please explain) Designate transporter of casinghead gas from well to Gas Treating Plant. <u>Ex # 2-767 until 3/22/87</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Osage	1	Dagger Draw Upper Penn North	<u>State Property Fee</u>	FEE

Location: Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East

Line of Section 21 Township 19S Range 25E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

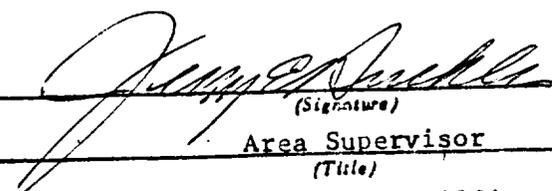
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>2000 N. Tower, Plaza of the Americas, Dallas, Texas 75201</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Drawer 130, Artesia, New Mexico 88210</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>21</u> Twp. <u>19S</u> Rge. <u>25E</u>	Is gas actually connected? <u>Yes</u> When <u>11-5-85</u> <u>Post ID-3</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 2-28-86
Chg GT: GNM

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.


 Area Supervisor
 (Title)

February 7, 1986
 (Date)

OIL CONSERVATION DIVISION
FEB 27 1986

APPROVED _____, 19 _____

BY Les A. Clements
 Original Signed By
 Supervisor District II

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.