

O. C. D.
ARTESIA, OFFICE

Form C-104
Revised 10-01-78
Format 06-01-83
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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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

II. DESCRIPTION OF WELL AND LEASE

II. DESCRIPTION OF WELL AND LEASE				Lease No.
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	
Osage	1	Dagger Draw Upper Penn North	50% of Fee / 50% of Fee	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

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


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.


(Signature)
Area Supervisor
(Title)
February 7, 1986
(Date)

OIL CONSERVATION DIVISION

FEB 27 1986

APPROVED FEB 21 1966, 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.