

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

AUG 27 1993

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OP

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Anadarko Petroleum Corporation Well API No. 3001525727

Address PO Drawer 130, Artesia, NM 88211-0130

Reason(s) for Filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Baish Federal</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>N. Shugart-Bone Springs</u>	Kind of Lease XXX Federal XXX	Lease No. <u>LC029389A</u>
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>9</u> Township <u>18S</u> Range <u>31E</u> , <u>NMM</u> , <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Amoco Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>502 N. West Ave., Levelland, TX 79336-3914</u>	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>Conoco, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 1959, Midland, TX 79702</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>B</u> Sec. <u>9</u> Twp. <u>18S</u> Rge. <u>31E</u>	Is gas actually connected? <u>Yes</u> When? <u>07-08-87</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Resv. ☐ Diff. Resv. ☐	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.D.I.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Depth Casing Shoe
Perforations				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>Part IP-3</u>
			<u>9-3-93</u>
			<u>dst LT/KDC</u>

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MKCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut in)	Casing Pressure (Shut in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature Jerry E. Buckles
Printed Name Jerry E. Buckles, Area Supervisor
Date 08-25-93 Telephone No. (505) 677-2411

OIL CONSERVATION DIVISION

Date Approved AUG 27 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.