

SALEABLE	
FILE	
UNREG.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

**NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form O-104  
Superseding O-104 and O-105  
Effective 1-1-65

**Anadarko Production Company**  
Address

**P.O. Box 806 Eunice, New Mexico 88231**

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>			

If change of ownership give name and address of previous owner \_\_\_\_\_

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>New Mexico "U" State</b>	Well No. <b>5</b>	Pool Name, including Formation <b>EK Queen East</b>	Kind of Lease State, Federal or Free <b>State</b>	Lease No. <b>E-1632-1</b>
Location Unit Letter <b>F</b> : <b>2080</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>West</b> Line of Section <b>28</b> Township <b>18S</b> Range <b>34E</b> , N.M.P.M., <b>Lea</b> County.				

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 3119 Midland, Texas 79701</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Continental Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Halifax, N.M. P.O. Box 2197 Houston, Texas 77001</b>
If well produces oil or liquids, give location of tanks. Unit <b>H</b> Sec. <b>28</b> Twp. <b>18S</b> Rge. <b>34E</b>	Is gas actually connected? <b>Yes</b> When _____

If this production is commingled with that from any other lease or pool, give commingling order number: **No**

**COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Some Heavy Lift, etc. <input type="checkbox"/>
Date Spudded <b>2-9-81</b>	Date Compl. Ready to Prod. <b>4-18-81</b>		Total Depth <b>4999'</b>		P.D.T.D. <b>4955'</b>		
Elevations (D.C., R.A.B., R.T., G.R., etc.) <b>4028.9 GR</b>	Name of Producing Formation <b>Queen</b>		Top Oil/Gas Pay <b>4545'</b>		Tubing Depth <b>4892'</b>		
Perforations <b>4827', 31, 33, 35, 38, 42, 44, 46, 55, 57, 58, 60</b>					Depth Casing Shoe <b>4999'</b>		
<b>TUBING, CASING, AND CEMENTING RECORD</b>							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
<b>11 1/2"</b>	<b>8-5/8"</b>		<b>426'</b>		<b>154 sx</b>		
<b>7-7/8"</b>	<b>4 1/2"</b>		<b>4999'</b>		<b>1375 sx</b>		

**TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks <b>4-20-81</b>	Date of Test <b>4-27-81</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>None</b>	Casing Pressure <b>30#psi</b>	Choke Size <b>None</b>
Actual Prod. During Test <b>100</b>	Oil-Bbls. <b>70</b>	Water-Bbls. <b>30</b>	Gas-MCF <b>1.65</b>

**GAS WELL**

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

**CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Original Signed by **John C. English**  
(Signature)  
Area - Supervisor  
4-28-81  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **Lester A. Clement**  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a calculation of the reserves taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all the new and reworked wells.  
Fill out only sections I, II, III, and VI for changes of name, well name or number, or transporter, or other such change of conditions.