

**REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

*Supersedes Old C-104 and C-110
Effective 1-1-65*

SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

Operator ANADARKO PRODUCTION COMPANY

Address P. O. Box 9317, Fort Worth, Texas 76107

Reason(s) for filing (Check proper box)	Other (Please explain) <u>Placed into Texas Yates Unit effective January 1, 1971. Former lease name was Box Federal "C" - now Tract No. 3</u>
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Reserve Oil & Gas Company, First Savings Bldg., Midland, Texas 79701

DESCRIPTION OF WELL AND LEASE			
Lease Name <u>Teas Yates Unit Tr. 3</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Teas Yates Seven Rivers</u>	Kind of Lease State, Federal or Fee <u>Federal</u>
Lease No. <u>LC-065447</u>			
Location			
Unit Letter <u>J</u>	<u>2310</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>east</u>		
Line of Section <u>13</u>	Township <u>20S</u>	Range <u>33E</u>	County <u>Lee</u>

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso-New Mexico Pipe Line Company</u>	<u>Box 1510, Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>None</u>	

If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>13</u>	Twp. <u>20S</u>	Rge. <u>33 E</u>	Is gas actually connected? <u>No</u>	When
--	---------------	----------------	-----------------	------------------	--------------------------------------	------

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

COMPLETION DATA							
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v. Diff. Res'v.
<u>(X)</u>							
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations					Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)			
OIL WELL			
Date First New Oil Run To Tanks	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/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Start-in)	Casing Pressure (Start-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.

M. Nelson
M. NELSON (Signature)
District Superintendent (Title)
January 15, 1971 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 1971

BY _____

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.