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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

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

I. OPERATOR

Operator: ANADARKO PRODUCTION COMPANY

Address: P. O. Box 9317, FORT WORTH, TEXAS 76107

Reason(s) for filing (Check proper box):
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

Other (Please explain): EFFECTIVE 9-1-69.

If change of ownership give name and address of previous owner: MILLARD DECK, P. O. Box 409, EUNICE, NEW MEXICO 88231

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>LOU WORTHAM "A"</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>PENROSE-SKELLY</u>	Kind of Lease State, Federal or Fee <u>FEE</u>	Lease No.
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>NORTH</u> Line and <u>990</u> Feet From The <u>EAST</u>				
Line of Section <u>11</u> Township <u>22S</u> Range <u>37E</u> , NMPM, <u>LEA</u> 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"/> <u>TEXAS-NEW MEXICO PIPE LINE COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1510, MIDLAND, TEXAS</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>SKELLY OIL COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 372, EUNICE, NEW MEXICO 88231</u>
If well produces oil or liquids, give location of tanks. Unit <u>A</u> Sec. <u>11</u> Twp. <u>22S</u> Rge. <u>37E</u>	Is gas actually connected? <u>PIPE LINE UNDER CONSTRUCTION</u> When

If this production is commingled with that from any other lease or pool, give commingling order number: EFFECTIVE JANUARY 31, 1977,

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Hole Diff. Hole

SKELLY OIL COMPANY MERGED INTO GETTY OIL COMPANY.

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

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 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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.

J. N. CHAFFIN (Signature)
PRODUCTION RECORDS SUPERVISOR (Title)

10-28-69 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY J. N. Chaffin

TITLE SUPE DISTRICT 3

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.