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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

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

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

Operator Anadarko Petroleum Corporation		Well API No. 30-025-01730
Address P.O. Drawer 130, Artesia, New Mexico 88211-0130		
Reason(s) for Filing (Check proper box)		<input checked="" type="checkbox"/> Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	Change in transporter of oil -Effective date = 12/15/90
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		

If change of operator give name and address of previous operator

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Teas Yates Unit Tr. 5	Well No. 2	Pool Name, Including Formation Teas Yates 7-Rivers	Kind of Lease <del>State, Federal or F&amp;F</del>	Lease No. LC-065658
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line Section <u>14</u> Township <u>20S</u> Range <u>33E</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"/> Navajo Refining Company-Truck Division	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88210			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> Phillips 66 Natural Gas	Address (Give address to which approved copy of this form is to be sent) 1007 27001 Penbrook, Odessa, TX 79762			
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 14	Twp. 20S	Rge. 33E
	Is gas actually connected? Yes		When? May, 1983	

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 Res'v	Diff Res'v
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		
<b>TUBING, CASING AND CEMENTING RECORD</b>								
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 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/MMCF	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 December 5, 1990 Telephone No. (505) 748-3368

**OIL CONSERVATION DIVISION**

Date Approved \_\_\_\_\_  
By Paul Hantz Geologist  
Title \_\_\_\_\_

**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.