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| | GAS |
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| PRODUCTION 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-
Effective 1-1-65

| | |
|---|--|
| Operator Anadarko Petroleum Corporation | |
| Address P. O. Box 2497 Midland, Texas 79702 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Change in Ownership Effective: AUG 1 1985 |
| Recompletion <input type="checkbox"/> | |
| Change in Ownership <input checked="" type="checkbox"/> | |
| Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |

If change of ownership give name and address of previous owner: Anadarko Production Company, P.O. Box 2497, Midland, Texas 79702

| | | | |
|----------------------------------|---------------|---|---------------------------------------|
| I. DESCRIPTION OF WELL AND LEASE | | Lease No. | Lease State |
| Lease Name R.E. Cole | Well No. 3 | Pool Name, including Formation Penrose-Skelley Grbg. | State, Federal or Fee State B-3480 |
| Location | | | |
| Unit Letter M | 990 | Feet From The West | Line and 560 Feet From The South |
| Line of Section 16 | Township 22S | Range 37E | NMPM, Lea County |

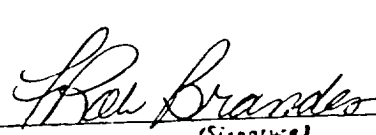
| | |
|---|--|
| II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS WATER INJECTION WELL | |
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter 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) |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Pge. Is gas actually connected? When |

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

| | |
|--------------------------------------|---|
| V. COMPLETION DATA | |
| Designate Type of Completion - (X) | Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'r. Diff. Res'r. |
| 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 |

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

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| VII. 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. | |
|  (Signature) | |
| Senior Administrative Specialist (Title) | |
| July 22, 1985 (Date) | |

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| OIL CONSERVATION COMMISSION AUG 21 1985 | |
| APPROVED | 19 |
| ORIGINAL SIGNED BY JERRY SEXTON | |
| BY DISTRICT SUPERVISOR | |
| TITLE | |
| This form is to be filed in compliance with RULE 1104. | |
| If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111. | |
| All sections of this form must be filled out completely for all able on new and recompleted wells. | |
| Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit | |
| Separate Form C-104 must be filed for each pool in multi | |