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U.S.G.S.	
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 C-104  
Supersedes Old C-104 and C-  
Effective 1-1-85

**I. Operator**  
Anadarko Petroleum Corporation

**Address**  
P. O. Box 2497 Midland, Texas 79702

**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)**  
Change in Ownership Effective: **AUG 2 1985**

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

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Wortham "A"</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Penrose-Skelley Grbg.</u>	Kind of Lease <u>State, Federal or Fee Fee</u>	Lease No. ---
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**Location**  
Unit Letter H : 1980 Feet From The North Line and 990 Feet From The East  
Line of Section 11 Township 22S Range 37E NMPM, Lea 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 Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 60028, San Angelo, TX 76906</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Texaco Producing Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 3000, Tulsa, OK 74102</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>Yes</u>	When <u>NA</u>
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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't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

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 (Shot-in)	Casing Pressure (Shot-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. R. Brandes  
(Signature)  
Senior Administrative Specialist  
(Title)  
July 22, 1985  
(Date)

OIL CONSERVATION COMMISSION  
**AUG 2 1 1985**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY JERRY SEXTON  
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 Devlet tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition. Separate Form C-104 must be filed for each pool in multi-