

NO. OF COPIES RECEIVED		3
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
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

JAN 27 1969

**D. C. C.**  
**ARTESIA, OFFICE**

**I. OPERATOR**

Operator **Anadarko Production Company**

Address **P. O. Box 67 Lece Hills, New Mexico 88255**

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐ Other (Please explain)

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Orler</b>	Well No. <b>10-668064</b>	Pool Name, including Formation <b>27 Square Lake</b>	Kind of Lease State, Federal or Fee	Lease No. <b>Federal</b>
Location				
Unit Letter <b>A</b>	<b>330</b>	Feet From The <b>North</b>	Line and <b>660</b>	Feet From The <b>East</b>
Line of Section <b>31</b>	Township <b>16 S</b>	Range <b>31 E</b>	NMPM, <b>Eddy</b> 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"/> <b>Continental Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>M. Freeman Ave. Artesia, New Mexico 88210</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 6666, Odessa, Texas 79760</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<b>F 31 16 S 31E No</b>

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>12-12-68</b>	Date Compl. Ready to Prod. <b>12-1-69</b>	Total Depth <b>3420 (KB)</b>	P.B.T.D. <b>3396 (GL)</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3845 OL</b>	Name of Producing Formation <b>Grayburg-San Andres</b>	Top Oil/Gas Pay <b>3138 (G) 3333 (SA)</b>	Tubing Depth <b>3345</b>					
Perforations <b>3132-10 (Sholes) 3167-71 (Sholes) 3210-20 (20holes) 3333-38 (10 holes)</b>			Depth Casing Shoe <b>3410</b>					
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE <b>11"</b>	CASING & TUBING SIZE <b>8 5/8"</b>	DEPTH SET <b>504</b>	SACKS CEMENT <b>250 - Circulated</b>					
<b>7 7/8"</b>	<b>4 1/2"</b>	<b>3110</b>	<b>300 Hi-Density</b>					
<b>11"</b>	<b>2 3/8"</b>	<b>3345</b>	<b>100 Incon-Pomix</b>					

**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 <b>1-21-69</b>	Date of Test <b>1-22-69</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>-</b>	Casing Pressure <b>-</b>	Choke Size <b>-</b>
Actual Prod. During Test	Oil - Bbls. <b>22</b>	Water - Bbls. <b>23</b>	Gas - MCF <b>5</b>

**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. 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.

*D. R. Layton*  
**D. R. Layton** (Signature)  
**District Superintendent** (Title)  
**23 January 1969**

(Date)

**OIL CONSERVATION COMMISSION**

**JAN 27 1969**  
APPROVED \_\_\_\_\_, 19\_\_\_\_\_  
BY *W. A. Gressett*  
**OIL AND GAS INSPECTOR**

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.

## INCLINATION REPORT

RECEIVED

OPERATOR: Anadarko Production Company  
P. O. Box 9317  
Fort Worth, Texas 76107

JAN 27 1969

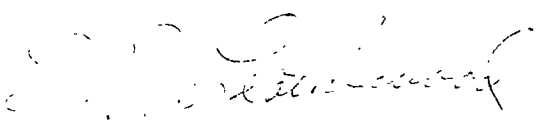
O. C. C.  
NOTARY OFFICE

LEASE NAME & NO: Grier Federal Well No. 17

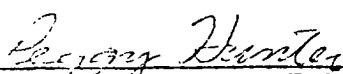
LOCATION: 330' FNL & 660' FEL, Sec. 31-16-31, Loco Hills Field, Eddy County,  
New Mexico

<u>DEPTH (feet)</u>	<u>INCLINATION (degrees)</u>
518	1 - 1/2
1045	1 - 1/4
1466	1 - 1/4
1931	1 - 1/2
2037	1
2490	1
2775	1 - 1/2

I, E. P. Leatherwood, Vice President of Leatherwood Drilling Company, being first duly sworn on oath state that I have knowledge of the facts and matter herein stated and the same are true and correct.

  
\_\_\_\_\_  
E. P. Leatherwood

SUBSCRIBED AND SWORN TO before me this 16th day of January, 1969.

  
\_\_\_\_\_  
Peggy Hunter, Notary Public in and for  
Winkler County, Texas