

NO. OF COPIES RECEIVED	
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-111
Effective 1-1-65

RECEIVED

AUG 29 1969

O. C. C.
OFFICIAL RECEIPT

I. 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)
Change Lease Name
CHANGE OF OPERATOR
EFFECTIVE AUGUST 1, 1969

If change of ownership give name and address of previous owner
BURNHAM OIL COMPANY, BOX 257, ARTESIA, NEW MEXICO 88210

II. DESCRIPTION OF WELL AND LEASE
Lease Name: BURNHAM "B" STATE Well No.: 2 Pool Name, including Formation: SQUARE LAKE Kind of Lease: State, ~~PERMITS XXX RXX~~ Lease No.: B-8146
Location:
Unit Letter: L ; 660 Feet From The W Line and 1980 Feet From The S
Line of Section: 2 Township: 17S Range: 30E, NMPM, EDDY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate
NAVAJO REFINING COMPANY Pipe Line Div. Address (Give address to which approved copy of this form is to be sent)
P. O. Box 67, ARTESIA, NEW MEXICO 88210
Name of Authorized Transporter of Casinghead Gas or Dry Gas
CONTINENTAL PIPE LINE COMPANY Address (Give address to which approved copy of this form is to be sent)
2197 Houston St. 77001
P. O. Box 267, ARTESIA, NEW MEXICO 88210
If well produces oil or liquids, give location of tanks. Unit: L Sec.: 2 Twp.: 17S Rge.: 30E is gas actually connected? YES When: JULY, 1962

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
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/MMCF Gravity of Condensate
Testing Method (pitot, 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)
AUGUST 26, 1969 (Date)

OIL CONSERVATION COMMISSION
APPROVED AUG 29 1969, 19
BY W. A. Gressett
OIL AND GAS INSPECTOR
TITLE
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