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TRANSPORTER	OIL	1
	GAS	
OPERATOR		2
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

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JUN 21 1968

Operator		Anadarko Production Company		D. C. C.	
Address		Box 116 Loco Hills, New Mexico 88255		ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:			
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Federal S	Well No.	6	Pool Name, Including Formation	Grayburg Jackson	Kind of Lease	State, Federal or Fee	Federal	Lease No.	028936
Location										
Unit Letter	K	1980	Feet From The	West	Line and	1980	Feet From The	South		
Line of Section	28	Township	17 S	Range	30 E	NMPM,	Eddy	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"/>	Address (Give address to which approved copy of this form is to be sent)		
Continental Pipeline Company				N. Freeman Ave Artesia, New Mexico 88210		
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.	Rge.	Is gas actually connected?	When
	C	28	17S	30E	No	

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)	X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res <sup>ty</sup> .	Diff. Res <sup>ty</sup> .
Date Spudded	5-23-68	Date Compl. Ready to Prod.	6-9-68	Total Depth	3293	P.B.T.D.	3208		
Elevations (DF, RKB, RT, GR, etc.)	3631 OL	Name of Producing Formation	Grayburg	Top Oil/Gas Pay	3111	Tubing Depth	3119		
Perforations	20h 3111-21					Depth Casing Shoe	3218		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 7/8"	8 5/8"	568	150
7 7/8"	4 1/2"	3218	350
	2 3/8"	3149	

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)

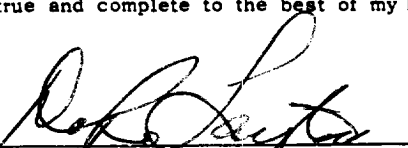
Date First New Oil Run To Tanks	6-10-68	Date of Test	6-16-68	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	24hrs	Tubing Pressure	-	Casing Pressure	-
Actual Prod. During Test		Oil-Bbls.	16	Water-Bbls.	14
				Choke Size	
				Gas-MCF	

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

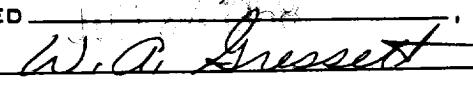
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
D. R. Layton  
District Superintendent  
(Title)

17 June 1968

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY   
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 completed wells.

