

NO. OF COPIES RECEIVED		4
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR		1
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
AUG 21 1972

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

O. C. C.
ARTESIA, OFFICE

I. Operator
Anadarko Production Company

Address
P. O. Box 67 Loco Hills, New Mexico 88255

Reason(s) for filing (Check proper box)
New Well ☒ *Re-entry* Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

R-4411 11-1-72 North from Yates - Seven Rivers associated

Lease Name B	Well No. 1-9	Pool Name, Including Formation Undesignated Seven Rivers	Kind of Lease XXX Federal XXX	Lease No. LC-029342 (b)
Location Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East Line of Section 9 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 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Company	4th & Washington, Odessa, Texas	
If well produces oil or liquids, give location of tanks.	Unit P Sec. 9 Twp. 17 S Rge. 30 E	Is gas actually connected? Yes When 8-4-72

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6-25-72	Date Compl. Ready to Prod. 6-28-72		Total Depth 2862		P.B.T.D. 2854			
Elevations (DF, RKB, RT, GR, etc.) 3685 GL	Name of Producing Formation Seven Rivers		Top Oil/Gas Pay 1744		Tubing Depth 2845			
Perforations 1744-48, 1902-14, 1930-12, 1968-72, 1940-42					Depth Casing Shoe 2860			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/8	CASING & TUBING SIZE 8 5/8		DEPTH SET 462		SACKS CEMENT 250			
7 7/8	5 1/2		2860		450			

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 295	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pitot, back pr.) orifice meter	Tubing Pressure (shut-in) 580	Casing Pressure (shut-in) -	Choke Size 3/4

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.

Dale Layton
(Signature)

Area Supervisor

(Title)

OIL CONSERVATION COMMISSION
Subject to Case 4820 9-13-72
APPROVED **AUG 24 1972**
BY *W. A. Lussert*
TITLE **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 allow-