STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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LAND OFFICE		
TRANSPORTER OIL	✓	
TRANSPORTER GAS		
OPERATOR	✓	
PRORATION OFFICE		

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
SEP 02 1983
O. C. D.
ARTESIA, OFFICE

Operator
Anadarko Production Company ✓

Address
P. O. Drawer 130, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well	XX	Change in Transporter of:			
Recompletion		Oil		Dry Gas	
Change in Ownership		Casinghead Gas		Condensate	

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER ~~----------~~ UNLESS AN EXCEPTION TO IS OBTAINED From BLM

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Travis "E" Federal	1	Loco Hills-Queen-Grayburg-SA	~~State~~/Federal ~~Fee~~	NM-23414

Location
Unit Letter K ; 1980.5 Feet From The South Line and 1646 Feet From The West

Line of Section 6 Township 18S Range 29E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate ☐
Navajo Crude Oil Purchasing Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 159, Artesia, New Mexico 88210

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
None at present time
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
	K	6	18S	29E	No	

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-5-83	6-21-83	2808'	2790'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3645.8' GL	Loco Hills 7 Grayburg	2412'	2728'
Perforations Loco Hills: 2412-18; Grayburg-Metex: 2530-34,2546-502561-65 & 2591-95; Premier: 2622-26,2649-53,2662-66,2680-84 & 2688-92 all @ 1 SPF			Depth Casing Shoe 2807' KB

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	356' KB	350 sx circulated
7-7/8"	5-1/2"	2807' KB	950 sx circulated
	2 7/8	2728	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-2-83 (testing)	8-31-83	Pumping	Post FD-2 9-9-83 + BR
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hours	20#	20#	None
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
231	124	107	49.6

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**

CERTIFICATE OF COMPLIANCE

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

(Signature)
Area Supervisor
(Title)
September 2, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 08 1983, 19__
BY _____
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 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.