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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

JUL 15 1968

O. C. C.

ARTEZIA, OFFICE

I.

Operator		Anadarko Production Company		ARTEZIA, OFFICE			
Address		Box 116 Loco Hills, New Mexico 88255					
Reason(s) for filing (Check proper box)		Other (Please explain)					
New Well	<input type="checkbox"/>	Change in Transporter of:		From The Permian Corp. change loc of tanks			
Recompletion	<input type="checkbox"/>	Oil	<input checked="" 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	Grier	Well No.	13	Pool Name, including Formation	S.A. Square Lake Grayburg S.A.	Kind of Lease	Federal	Lease No.	068064
Location									
Unit Letter	J	1980	Feet From The	South	Line and	1980	Feet From The	East	
Line of Section	20	Township	16 S	Range	31 E	NMPM,	Eddy	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> Continental Pipeline Co.	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
				N. Freeman Ave. Artesia, New Mexico 88210		
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> Phillips Petroleum Co.	or Dry Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
				Bartlesville, Oklahoma Box 6666, Odessa, Tex 79760		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range.	Is gas actually connected?	When
	F	31	16 S	31 E	Yes	

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.



D. R. Layton
District Superintendent
(Title)

1 July 1968

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 18 1968, 19

BY W. A. Gressett

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.