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LAND OFFICE		
TRANSPORTER OIL		
TRANSPORTER 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-110
Effective 1-1-65

I.

Operator
Anadarko Production Company

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

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

Other *(Please explain)* Formerly Kennedy Federal #1. Since this well has the same Fed. Lease NM 081310 & the same Anadarko Location #3040844 as Anadarko's Baxter "A" Federal Wells #1 & #2, we request the well name be changed from Kennedy Federal #1 to Baxter "A" Federal #3.
Note: This is a Water Injection Well.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Baxter "A" Federal	3	Square Lake	Federal ~~State~~ ~~Fee~~	NM 081310

Location
Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West

Line of Section 21 Township 18S Range 31E , NMPM, Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ — Address *(Give address to which approved copy of this form is to be sent)*
~~Navajo Refining Company, Pipeline Division~~ ~~P. O. Box 159, Artesia, New Mexico 88210~~

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ — Address *(Give address to which approved copy of this form is to be sent)*
~~Phillips Petroleum Company~~ ~~P. O. Box 1666, Odessa, Texas 79760~~

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.

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

Posted
ID 3
2-29-80
by [illegible]

V. 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.)*	
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.

(Signature)
Area Supervisor
(Title)
February 18, 1980
(Date)

OIL CONSERVATION COMMISSION
APPROVED FEB 25 1980, 19 _____
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

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.