

**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 1-1-85

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|------------------------|-----|
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| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION 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 Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership **Other (Please explain)**
Change in Operator - Effective 3-1-81
Previous Operator - Boyd Operating Co.

If change of ownership give name and address of previous owner: **Boyd Operating Company, Petroleum Bldg., Tower Suite, Roswell, N.M. 88201**

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|---|--|-----------------------------|
| Lease Name Carper Federal | Well No. 1 | Pool Name, including Formation Gbr. Jackson Queen, Sa | Kind of Lease State, Federal | Lease No. MM04138 |
| Location Unit Letter I , 1980 Feet From The S Line and 660 Feet From The E Line of Section 25 Township 16S Range 31E , 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"/> Navajo Refining Company, Pipeline Div. | Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia, New Mexico 88210 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None | 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 N Sec. 25 Twp. 16 Rge. 31 | Is gas actually connected? No When |

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 (DP, RKB, RT, CR, 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 |

*Posted 10-3
Chris Brown
3-10-81*

GAS WELL

| | | | |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
| Testing Method (plot, 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.

Jerry E. Suckles

 AREA SUPERVISOR
 (Title)
 March 10, 1981
 (Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 18 1981, 19

BY *Mike Williams*

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.