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NEW MEXICO OIL CONSERVATION COM
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-83

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:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
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 **Robinson** **Well No.** **3** **Pool Name, including Formation** **Gbr. Jackson, Queen, SA** **Kind of Lease** **State Federal** **Lease No.** **LC029492A**
Location
Unit Letter **0** **330** **Feet From The** **S** **Line and** **2310** **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 ☒ **or Condensate** ☐
Navajo Refining Co. Pipeline Division **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 ☐ **or Dry Gas** ☐
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** **Sec.** **Twp.** **Rge.** **Is gas actually connected?** **When**
N **25** **16** **31** **No**

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 (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**

GAS WELL
Actual Prod. Test - MCF/D **Length of Test** **Bbls. Condensate/MCF** **Gravity of Condensate**
Testing Method (pilot, 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.
Area Supervisor
March 10, 1981
OIL CONSERVATION COMMISSION
APPROVED **MAR 18 1981**
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.