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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROGRATION OFFICE	

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

ON
RECEIVED

Form C-104
Superseding Old C-104 and C-110
Effective 1-1-85

MAR 18 1981

O. C. D.
ARTESIA, 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:
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. 4	Pool Name, including Formation Gbr. Jackson Queen SA	Kind of Lease XXX Federal XXX	Lease No. LC029492
Location Unit Letter N ; 330 Feet From The S Line and 2970 Feet From The E Line 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 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

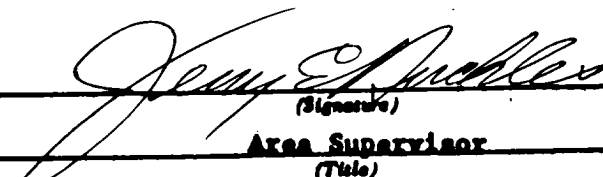
Partial ID-3
Chng. Operator
3-20-81

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.


(Signature)
Akka Supervisor
(Title)
March 10, 1981
(Date)

OIL CONSERVATION COMMISSION

MAR 18 1981

APPROVED _____, 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.