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PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
RECEIVED BY  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
AUG 12 1985  
O. C. D.  
ARTESIA, OFFICE

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

I. Operator  
Anadarko Petroleum Corporation  
Address  
P. O. Box 2497 Midland, Texas 79702  
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 Ownership Effective:  
AUG 1 1985  
If change of ownership give name and address of previous owner  
Anadarko Production Company, P. O. Box 2497, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Robinson Federal  
Well No. 7 Pool Name, Including Formation Grayburg Jackson Queen, SA  
Kind of Lease State, Federal or Fee Federal  
Lease No. LC029492A  
Location  
Unit Letter M : 660 Feet From The South Line and 660 Feet From The West  
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 Company - Trans. & Supply  
Address (Give address to which approved copy of this form is to be sent)  
P. O. 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  
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 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  
Post FD-3  
9-6-85  
Chg Op Name

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 (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.

Senior Administrative Specialist  
7/25/85  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED AUG 29 1985  
Original Signed By  
BY Les A. Clements  
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.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.