DISTRIBUTION
SANTA FE 1
FILE 1
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL 1
GAS
OPERATOR 2
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 ...
Effective 1-1-65

RECEIVED
DEC ...
...

I. Operator

ANADARKO PRODUCTION COMPANY ✓

Address

P. O. Box 2197, Fort Worth, Texas

Reason(s) for filing (Please check one) — Other (Please explain)

New Well
Recompletion
Change in Ownership

Change in Transporter of:
Oil
Casinghead Gas
Dry Gas
Condensate

If change of ownership give name and address of previous owner Western O. Fields, Inc., P. O. Box 1137, Hobbs, New Mexico

II. Description of Well and Lease

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease |
|---|---|---|---|
| Gila ~~Federal~~ | 7 | Square Lake Grayburg S.A. | State, Federal or Fee Federal |

Location

Unit Letter H : 3300 Feet From The S Line and 675 Feet From The E

Line of Section 31, Township 16S Range 31E, NMPM, Eddy County

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)

Continental — P. O. Box 367, Artesia, New Mexico

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ — 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 |
|---|---|---|---|---|---|---|
| | H | 31 | 16 | 31 | 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 |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

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)

| 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 | Casing Pressure | 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.

B. McGaffin
Prod. Records Supvr
12-14-66

OIL CONSERVATION COMMISSION

APPROVED DEC 29 1966, 19

BY L. A. Gressett

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 sections I, II, III, and VI only for changes of operator, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.