

| | | | |
|-------------------|-----|-------------------------------------|--|
| DISTRIBUTION | | | |
| SANTA FE | | <input checked="" type="checkbox"/> | |
| FILE | | <input checked="" type="checkbox"/> | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | <input checked="" type="checkbox"/> | |
| PRODUCTION OFFICE | | | |

NEW MEXICO OIL CONSERVATION MISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

AUG 12 1985

O. C. D.

ARTESIA, OFFICE

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 Grier Federal | Well No. 7 | Pool Name, Including Formation Square Lake Grbg., San Andres | Kind of Lease State, Federal or Fee Federal | Lease No. LC 068064 |
| Location | | | | |
| Unit Letter H | 3300 | Feet From The South | Line and 675 | Feet From The East |
| Line of Section 31 | Township 16S | Range 31E | , NMPM, Eddy County | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS WATER INJECTION WELL

| | | | | |
|---|--|------|------|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | 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. | Pge. |
| | | | | |
| | | | | |

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't. | Diff. Res't. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| Elevations (DF, 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 | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 |

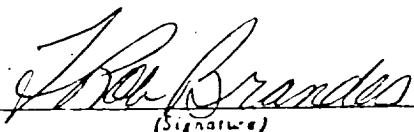
Post FD-3
9-6-85
Chg dp name

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 |

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.



Sr. Administrative Specialist

(Title)

July 22, 1985

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 29 1985, 19

BY Original Signed 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 completions.