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SANTA FE		1		
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U.S.G.S.		Ì		
LAND OFFICE				
IRANSPORTER	OIL			
	GAS			
OPERATOR		10		
PROPATION OFFICE			$\Gamma$	

## NEW MEXICO OIL CONSERVATION CC SSION

	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-			
U.S.G.S.  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				Effective 1-1-65			
				CAS			
	TRANSPORTER GAS	O					
	OPERATOR (/	1116	10:1071				
I.	PRORATION OFFICE	Jur	1211971				
	Operator ANADARKO PROD	HICTION COMPANY -	וין וין				
	ANADARKO PRODUCTION COMPANY D. C. C.  Address  ARTESIA, OFFICE						
	P. 0. Box 9317, FORT WORTH, TEXAS 76107						
	Reason(s) for filing (Check proper box	•	Other (Please explain)				
	Recompletion	Change in Transporter of:  Oil Dry G	FEFECTIVE	May 1, 1971			
	Change in Ownership X	<b>H</b> , -	ensate	MAT 1, 19/1			
	If change of ownership give name						
	and address of previous owner	TEXACO INC., P. O. BOX	728, Hobbs, New Mexico				
H.	DESCRIPTION OF WELL AND	LEASE					
	Lease Name	Well No. Pool Name, Including I	Formation Kind of Lea	E4484 110.			
	H. J. LOE FEDERAL	I SQUARE LAKE	-State, Fede	NM 08127			
	Location		1057				
	Unit Letter N; 33	Feet From The S Li	ne and 135/,4 Feet From	m TheW			
	Line of Section 3   To	wnship 16S Range 3	SIE , NMPM,	EDDY County			
HII.	DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil			roved copy of this form is to be sent)			
	   The Permian Corporation	n —	P. O. Box 3119 Min	uston TEXAS 79704			
	Name of Authorized Transporter of Car		Address (Give address to which app	roved copy of this form is to be sent)			
	Unit Sec. Twp. Rge. Is gas actually connected? When						
	If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.	No No	Vhen			
	If this production is commingled wi	· · · · · · · · · · · · · · · · · · ·		,			
	COMPLETION DATA						
	Designate Type of Completic	on - (X) Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Rest			
	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, AN	D CEMENTING RECORD				
	HOLE SIZE CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT			
			1				
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. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable.)						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)			
			Contraction	Choke Size			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF			
				<b>*</b> 3			
. 1	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-is)	Casing Pressure (Shut-in)	Choke Size			
_ [							
VI. CERTIFICATE OF COMPLIANCE		CE		ATION COMMISSION			
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED, JUN 22	1971			
	Commission have been complied washove is true and complete to the	ith and that the information given	BY W. a. Gressett				
			TITLE OIL AND GAS INSPECTOR				
			This form is to be filed in compliance with RULE 1104.				

(Signature) PRODUCTION RECORDS SUPERVISOR

(Title)

JUNE 17,
(Date) 1971

If this is a request for allowable for a newly drilled or despens 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 multipl