

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

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO RECOVER OIL AND NATURAL GAS

Form C-104

Supersedes Old C-104 and

Effective 1-1-65

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 | <input type="checkbox"/> | Change in Transporter of: | | Other (Please explain) | |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> | Change in ownership effective: | |
| Change in Ownership | <input checked="" type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> | | |
| | | Dry Gas | <input type="checkbox"/> | | |
| | | Condensate | <input type="checkbox"/> | | |

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 | Well No. | Pool Name, including Formation | Kind of Lease | Lease No. |
| H.J. Loe Federal | 1 | Square Lake Grbg., San Andres | State, Federal or Fee Federal | NM081277 |
| Location | | | | |
| Unit Letter | N | 330 | Feet From The South | Line and 1357.4 |
| | | | Feet From The West | |
| 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Navajo Refining Company - Trans. & Supply | P.O. Box 159, Artesia, NM 88210 | | | | | |
| 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) | | | | | |
| None | | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | Wner. |
| | F | 31 | 16S | 31E | No | |

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|-----------------------------|-----------------|--------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Some Res'v. | Diff. Res'v. |
| 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 | | | | | |
| | | | Post FD-3 | | | | | |
| | | | 9-6-85 | | | | | |
| | | | Chg of name | | | | | |

VI. 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/MCF | 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

AUG 29 1985

APPROVED _____, 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 completed wells.