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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

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DEC 20 1968

O. C. C.  
ARTESIA, OFFICE

I. Operator **Anadarko Production Company**

Address **P. O. Box 116 Loco Hills, New Mexico 88255**

Reason(s) for filing (Check proper box)

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

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	<b>Ets Federal</b>	Well No.	<b>4</b>	Pool Name, Including Formation	<b>Square Lake-Grayburg, S. A.</b>	Kind of Lease	<b>Federal</b>	Lease No.	<b>LC063927</b>
Location	<b>J</b>	<b>1980</b>	<b>South</b>	<b>1980</b>	<b>East</b>				
Unit Letter	<b>19</b>	<b>163</b>	<b>31E</b>	<b>163</b>	<b>31E</b>				
Line of Section		Township		Range		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"/>	<b>Continental Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent)	<b>N. Freeman Ave. Artesia, New Mexico 88210</b>
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 <b>N</b> Sec <b>19</b> Twp <b>163</b> Rge <b>31 E</b>	Is gas actually connected?	<b>No</b>

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)	<b>X</b>	Oil Well	<b>X</b>	Gas Well	<b>X</b>	New Well	<b>X</b>	Workover	<b>X</b>	Deepen	<b>X</b>	Plug Back	<b>X</b>	Same Res'v.	<b>X</b>	Diff. Res'v.	<b>X</b>
Date Spudded	<b>11-11-68</b>	Date Compl. Ready to Prod.	<b>12-8-68</b>	Total Depth	<b>3332 GL</b>	P.B.T.D.	<b>3312</b>										
Elevations (DF, RKB, RT, GR, etc.)	<b>3672 GL</b>	Name of Producing Formation	<b>Grayburg-San Andres</b>	Top Oil/Gas Pay	<b>3115 (G) 3253 (SA)</b>	Tubing Depth	<b>3270</b>										
Perforations	<b>3115-60 3253-63</b>	Depth Casing Shoe	<b>3331</b>														
TUBING, CASING, AND CEMENTING RECORD																	
HOLE SIZE	<b>18</b>	CASING & TUBING SIZE	<b>12 3/4</b>	DEPTH SET	<b>40</b>	SACKS CEMENT	<b>Concrete to surface</b>										
<b>12 1/2</b>		<b>8 5/8</b>		<b>475</b>		<b>150</b>											
<b>7 7/8</b>		<b>4 1/2</b>		<b>3331</b>		<b>300</b>											
<b>4</b>		<b>2 3/8</b>		<b>3270</b>													

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	<b>12-12-68</b>	Date of Test	<b>12-17-68</b>	Producing Method (Flow, pump, gas lift, etc.)	<b>Pump</b>
Length of Test	<b>24 hrs.</b>	Tubing Pressure	<b>-</b>	Casing Pressure	<b>-</b>
Actual Prod. During Test	<b>30</b>	Water-Bbls.	<b>14</b>	Gas-MCF	<b>0</b>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

**D. R. Layton**  
District Superintendent  
19 December 1968

OIL CONSERVATION COMMISSION  
APPROVED **DEC 20 1968**, 19  
BY **W. A. Gussert**  
TITLE **Assistant District Superintendent**

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 multiply completed wells.

INCLINATION REPORT

OPERATOR: Anadarko Production Company  
P. O. Box 116  
Loco Hills, New Mexico

LEASE NAME & NO: Etz Well No. 4

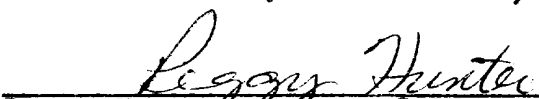
LOCATION: 1980' FS & EL, Section 19, T-16-S, R-31-E, Eddy County,  
New Mexico

<u>DEPTH (feet)</u>	<u>INCLINATION (degrees)</u>
490	1/2
965	3/4
1410	1-1/4
1845	1-1/4
2395	1
2709	1-1/4
2969	1-1/4
3188	1-1/4
3263	1-1/4
3332	1/4

I, O. L. Anthony, Drlg. Supt. of Leatherwood Drilling Company,  
being first duly sworn on oath state that I have knowledge of the facts  
and matter herein set forth and that the same are true and correct.

  
O. L. Anthony

SUBSCRIBED AND SWORN to before me this 10th day of December, 1968.

  
Peggy Hunter, Notary Public in &  
for Winkler County, Texas.

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O. C. C.  
ARTESIA, OFFICE

