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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

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

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JAN 4 1982

I. Operator
Anadarko Production Company
Address
P.O. Box 67, Loco Hills, New Mexico 88255
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐ Change to be effective 1-1-82
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ Relocation of Tank Battery
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name
Brinson State
Well No. 4
Pool Name, including Formation
Grayburg-Jackson-SR-Queen-G-SR
Kind of Lease
SA, XXXXXXXX
Lease No.
B-161-3
Location
Unit Letter H : 1650 Feet From The North Line and 990 Feet From The East
Line of Section 36 Township 16S Range 31E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Navajo Refining Company Pipeline Div.
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Corporation
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 6666, Odessa, Texas 79760
If well produces oil or liquids ☒ Unit N Sec. 25 Twp. 16S Rge. 31E
give location of tanks. PLS 134
Is gas actually connected? When
No-wait on P L Connection

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
Date Spudded Date Compl. Ready to Prod. Total Depth F.B.T.D.
Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top of Gasway Tubing Depth
Perforations Depth Gas Sale
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equivalent to 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 (pilot, 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.

Area Supervisor
December 30, 1981
(Date)

OIL CONSERVATION COMMISSION

JAN 18 1982

APPROVED
BY W. A. Gressett
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.