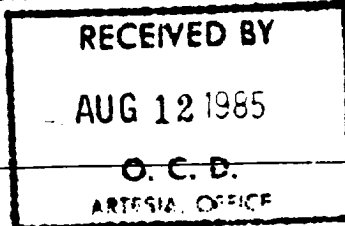


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FILE		<input checked="" type="checkbox"/>
U.S.G.S.		<input checked="" type="checkbox"/>
LAND OFFICE		<input checked="" type="checkbox"/>
TRANSPORTER	OIL	<input checked="" type="checkbox"/>
	GAS	<input checked="" type="checkbox"/>
OPERATOR		<input checked=""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

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

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-85



I. 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.: 19
Pool Name, including Formation: Square Lake Grbg., San Andres
Kind of Lease: State, Federal or Fee Federal
Lease No.: LC 068064
Location
Unit Letter: 0 : 990 Feet From The South Line and 1650 Feet From The East
Line of Section: 30 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 - Trans. & Supply
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
None
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: F Sec: 31 Twp: 16S Rge: 31E Is gas actually connected? No Wner:

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)
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, AND CEMENTING RECORD
HOLE SIZE: CASING & TUBING SIZE: DEPTH SET: SACKS CEMENT
Post ID-3
9-6-85
Chg Op Name

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: 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 (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.
Signature: Sr. Administrative Specialist
Date: July 22, 1985
OIL CONSERVATION COMMISSION
AUG 29 1985
APPROVED: 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 Deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multiple completions.