

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

NOV 09 1983

O. C. D.

ARTESIA, OFFICE

Anadarko Production Company

Address

P. O. Drawer 130, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

Change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name <b>Grier Federal</b>	Well No. <b>20</b>	Pool Name, including Formation <b>Square Lake-Grayburg-San Andres</b>	Kind of Lease <b>Leasehold Federal</b>	Lease No. <b>LC 068064</b>
Location Unit Letter <b>C</b> : <b>1250</b> Feet From The <b>North</b> Line and <b>1031</b> Feet From The <b>West</b> Line of Section <b>31</b> Township <b>16S</b> Range <b>31E</b> , NMPM, <b>Eddy</b> County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Refining Company, Pipeline Division</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 159, Artesia, New Mexico 88210</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	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>F</b>	Sec. <b>31</b>
	Twp. <b>16S</b>	Rge. <b>31E</b>
	Is gas actually connected? <b>No</b> When	

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>9-15-83</b>	Date Compl. Ready to Prod. <b>10-9-83</b>		Total Depth <b>3414'</b>		P.B.T.D. <b>3370'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3814.7' GL</b>	Name of Producing Formation <b>Grayburg-San Andres</b>		Top Oil/Gas Pay <b>3040'</b>		Tubing Depth <b>3275' KB</b>			
Perforations <b>San Andres - Lovington: 3250-52 &amp; 3268-70 @ 2 SPF = 8 .42 diam holes</b>					Bottom Casing Shoe <b>3401'</b>			
<b>Grayburg - Premier: 3070-75 &amp; 3111-19 @ 1 SPF Metex: 3040-46 @ 1 SPF</b>								

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12-1/4"</b>	<b>8-5/8"</b>	<b>1560'</b>	<b>975 sx circulated</b>
<b>7-7/8"</b>	<b>5-1/2"</b>	<b>3401'</b>	<b>750 sx circulated</b>
	<b>2 7/8</b>	<b>3275</b>	

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>10-18-83</b>	Date of Test <b>11-6-83</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hour</b>	Tubing Pressure <b>40#</b>	Casing Pressure <b>40#</b>	Choke Size <b>None</b>
Actual Prod. During Test <b>231</b>	Oil - Bbls. <b>20</b>	Water - Bbls. <b>211</b>	Gas - MCF <b>TSTM</b>

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Truman D. Jones*  
(Signature)Field Foreman  
(Title)Nov. 8, 1983  
(Date)

## OIL CONSERVATION DIVISION

NOV 14 1983

APPROVED \_\_\_\_\_, 19

BY *W. H. Sullivan*  
OIL AND GAS INSPECTOR

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 Form C-104 must be filed for each pool in multiply completed wells.