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| FILE                   |     |
| 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 C-104  
Supersedes Old C-104 and  
Effective 1-1-65

RECEIVED

I. OPERATOR

ANADARKO PRODUCTION COMPANY ✓

Address

P. O. Box 9317, FORT WORTH, TEXAS 76107

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Recompletion ☐ Casinghead Gas ☐ Condensate ☐ Change in Ownership ☐

Other (Please explain)

NEW UNIT: FORMERLY THE BURNHAM "B" STATE WELL #3

EFFECTIVE NOVEMBER 1, 1971

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                 |                  |          |               |                                |             |               |                       |        |           |        |
|-----------------|------------------|----------|---------------|--------------------------------|-------------|---------------|-----------------------|--------|-----------|--------|
| Lease Name      | BURNHAM GRAYBURG | Well No. | 1             | Pool Name, including Formation | SQUARE LAKE | Kind of Lease | State, Federal or Fee | STATE  | Lease No. | B-81-5 |
| Location        |                  |          |               |                                |             |               |                       |        |           |        |
| Unit Letter     | K                | 1980     | Feet From The | SOUTH                          | Line and    | 1980          | Feet From The         | WEST   |           |        |
| Line of Section | 2                | Township | 17S           | Range                          | 30E         | 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 CO., PIPE LINE DIVISION                                                                                  | P. O. Box 67, ARTESIA, NEW MEXICO 88210                                  |      |      |      |                            |            |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |            |
| CONTINENTAL OIL COMPANY                                                                                                  | Box 2197, HOUSTON, TEXAS 77001                                           |      |      |      |                            |            |
| If well produces oil or liquids, give location of tanks.                                                                 | Unit                                                                     | Sec. | Twp. | Rge. | Is gas actually connected? | When       |
|                                                                                                                          | L                                                                        | 2    | 17S  | 30E  | YES                        | JULY, 1962 |

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 | Some Restr. | Diff. Per. |
| 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 |          |        |           |             |            |
|                                      |                             |                 |              |          |        |           |             |            |
|                                      |                             |                 |              |          |        |           |             |            |
|                                      |                             |                 |              |          |        |           |             |            |

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 of 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 (psia-in) | Casing Pressure (psia-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.

J. M. CHAFFIN  
(Signature)

PRODUCTION-CASING SUPERVISOR  
(Title)

OIL CONSERVATION COMMISSION

NOV 8 1971

APPROVED

BY

W. A. Gressett

TITLE

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 drilled well, this form must be accompanied by a tabulation of the data tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely and submitted with the new and recent test values.

For a copy of the rules and regulations of the Oil Conservation Commission, see the rules and regulations of the Commission.

Copy of this form must be filed with the Commission.