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

**RECEIVED**  
AUG 29 1969  
O. C. C.  
ARTESIA, OFFICE

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:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Change Lease Name  
CHANGE OF OPERATOR  
EFFECTIVE AUGUST 1, 1969

If change of ownership give name and address of previous owner  
BURNHAM OIL COMPANY, BOX 257, ARTESIA, NEW MEXICO 88210

II. DESCRIPTION OF WELL AND LEASE  
Lease Name  
BURNHAM "B" STATE  
Well No.  
10  
Pool Name, Including Formation  
SQUARE LAKE  
Kind of Lease  
State, ~~XXXXXXXXXX~~  
Lease No.  
B-8146  
Location  
Unit Letter  
K  
1345 Feet From The  
S Line and  
1345 Feet From The  
W  
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 ☒ or Condensate ☐  
NAVAJO REFINING COMPANY Pipe Line Div.  
Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 67, ARTESIA, NEW MEXICO 88210  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
CONTINENTAL PIPE LINE COMPANY  
Address (Give address to which approved copy of this form is to be sent)  
2197 Houston Texas  
P. O. Box 267, ARTESIA, NEW MEXICO 88210  
If well produces oil or liquids, give location of tanks.  
Unit  
L  
Sec.  
2  
Twp.  
17S  
Rge.  
30E  
Is gas actually connected?  
When

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 Same Res'v. Diff. Res'v.  
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 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.  
J. W. CHAFFIN (Signature)  
PRODUCTION RECORDS SUPERVISOR (Title)  
AUGUST 26, 1969 (Date)  
OIL CONSERVATION COMMISSION  
APPROVED AUG 29 1969, 19  
BY W. A. Gressett  
OIL AND GAS INSPECTOR  
TITLE  
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