

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Form O-164  
Supersedes O-164 and O-  
Effective 1-1-65

RECEIVED

NOV 1 1971

I.

Operator ANADARKO PRODUCTION COMPANY ✓	
Address P. O. Box 9317, FORT WORTH, TEXAS 76107	
Reason(s) for Filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) NEW UNIT: FORMERLY THE BURNHAM "B" STATE WELL #10 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 SAN ANDRES UNIT, TRACT #6	Well No. 3	Pool Name, Including Formation SQUARE LAKE	Kind of Lease State, Federal or Fee STATE	Lease No. B-8146
Location Unit Letter K ; 1345 Feet From The SOUTH Line and 1345 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"/> NAVAJO REFINING CO., PIPE LINE DIVISION	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CONTINENTAL OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) Box 2197, HOUSTON, TEXAS 77001					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 2	Twp. 17S	Rge. 30E	Is gas actually connected? <input type="checkbox"/>	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't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, CR, 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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (If low, 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 (shot-in)	Casing Pressure (shot-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.

*E. N. Chalklin*

OIL CONSERVATION COMMISSION

NOV 8 1971

APPROVED \_\_\_\_\_, IS

BY *W. A. Gressett*

TITLE *INSPECTOR*

This form is to be filed in compliance with RULE 1104.

If this is a request for allowance for a newly drilled or reworked well, it must be filed with the well log and completion report.