

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		
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 C-1
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)		Other (Please explain)	
New Well	☐	Change in Transporter of:	NEW UNIT: FORMERLY THE BURNHAM "A" STATE.
Recompletion	☐	Oil ☐	WELL #7
Change in Ownership	☐	Casinghead Gas ☐	EFFECTIVE NOVEMBER 1, 1971
		Dry Gas ☐	
		Condensate ☐	

If change of ownership give name and address of previous owner _____

O. E. S.
ARTESIA OFFICE

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-3635
SAN ANDRES UNIT, TRACT #3										
Location										
Unit Letter	0	:	660	Feet From The	SOUTH	Line and	1980	Feet From The	EAST	
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 ☐	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 ☒ or Dry Gas ☐	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.	Range	Is gas actually connected?	When
	J	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	Same Res't	Diff. Res't	
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 (pilot, 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.

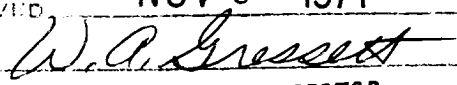

J. H. CHAFFIN (Signature)

OIL CONSERVATION COMMISSION

NOV 8 1971

APPROVED

BY



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 certification of the designated well.