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**NEW MEXICO OIL CONSERVATION COMMISSION**  
**REQUEST FOR ALLOWABLE**  
**AND**  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**  
**RECEIVED**

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

FEB 5 1980

**I. OPERATOR**

Operator Anadarko Production Company ✓

Address P. O. Box 67, Loco Hills, New Mexico 88255

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Change to be effective 3-1-80.
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Former Transporter - Navajo Refining Co.
	Dry Gas <input type="checkbox"/>	Pipeline Division
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Federal KK</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Square Lake Grayburg SA</b>	Kind of Lease <u>State, Federal/Local</u>
Location			
Unit Letter <u>I</u>	1980	Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>	
Line of Section <u>3</u>	Township <u>17S</u>	Range <u>30E</u>	NMPM, <u>Eddy</u>

**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)
<b>Basin, Inc.</b>	<u>511 W. Ohio, P.O. Box 2297, Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>None</b>	

If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>3</u>	Twp. <u>17S</u>	Rge. <u>30E</u>	Is gas actually connected? <u>No</u>	When
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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.
<input checked="" type="checkbox"/>							
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 production 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

*Posted ID 3 2-29-80 Jg*

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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.

*Jerry E. Auchles*  
 (Signature)  
**Area Supervisor**  
 (Title)  
January 18, 1980  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED FEB 5 1980, 19\_\_

BY *W. A. Gressett*

TITLE SUPERVISOR DISTRICT II

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.