FEB 14 1985

O. C. D.

ARTESIA, OFFICE Revised 104

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	V	
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OPERATOR		V	
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OIL CONSERVATION DIVISION
P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  Operator  Anadarko Production Company  Anadarko Production Company  P. O. Drawer 130, Artesia, New Mexico 88210  Resonic) for filing (Check proper box)  Recompletion  OII  OR Gas  Recompletion  Change in Ownership  Coalinghood Gas  Condensate  Condensate  Condensate  Well Was tested but never produced.  Change of ownership give name and address of previous owner  I. DESCRIPTION OF WELL AND LEASE  Leave Nome  Well No. Fool Name, including Fermation  Federal Q  Square Lake-Grayburg-SA  Spling Federal & Square Lake-Grayburg-SA  Spling Federal & Square Lake-Grayburg-SA  Line of Section 3  Township 17S  Range  30t/  NMPM, Eddy  County  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Nome of Authorized Transporter of Cill Coaling of Condensate  Navajo Refining Company  Name of Authorized Transporter of Coalinghood Gas Coaling Corp.  Navajo Refining Company  Name of Authorized Transporter of Coalinghood Gas Coaling Coaling Company  Name of Authorized Transporter of Coalinghood Gas Coaling Coaling Company  Name of Authorized Transporter of Coalinghood Gas Coaling Coaling Coaling Connected?  Navajo Refining Company  Name of Authorized Transporter of Coalinghood Gas Coaling
Anadarko Production Company  Address  P. O. Drawer 130. Artesia, New Mexico 88210  Reson(s) for filing (Check proper box)  Recompletion OII Dry Gas Change in Ownership Casinghead Gas Condensate  Change of ownership give name address of previous owner  I. DESCRIPTION OF WELL AND LEASE Leare Name Well No. Pool Name, including Formation Federal Q 5 Square Lake-Grayburg-SA Sylfy Federal Fifty LC 029020-M  Location  Unit Letter C : 1295 Feet From The North Line and 1345 Feet From The West  Line of Section 3 Township 17S Range 304 NMPM, Eddy County  II. DESIGNATION OF TRANSPORTER OF OII. AND NATURAL GAS  Name of Authorized Transporter of Cas.nghead Gas C or City Gas Address (Give address to which approved copy of this form is to be sent)  Nava jo Refining Company  Name of Authorized Transporter of Cas.nghead Gas C or City Gas Address (Give address to which approved copy of this form is to be sent)  None  If well produces oil or liquids, Unit Sec. Twp. Rigo. Is gas actually connected? When 2-23-25  Seminary 15K
P. O. Drawer 130, Artesia, New Mexico 88210  Reson(t) for filing (Check proper box)    New Well
P. O. Drawer 130, Artesia, New Mexico 88210  Resono(s) for filing (Check proper box)  New Well Change in Transporter of: Change in Transporter of: Change in Outer Ship give name and address of previous owner  I. DESCRIPTION OF WELL AND LEASE Lease Name  Well No.   Pool Name, including Formation   Lease Name   Well No.   Pool Name, including Formation   Square Lake-Grayburg-SA   Splay Foderal pf f f f   Location   Unit Lotter   C   1295   Feet From The North   Line of Section 3   Township   17S   Range   30f   NMPM,   Eddy   County  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil   (S)   or Condensate   Address (Cive address to which approved copy of this form is to be sent) Navajo Refining Company   F. O. Box 159, Artesia, New Mexico 88210  If well produces oil or liquids,   Unit   Sec.   Twp.   Rigo.   Is gas actually connected?   When   2-23-85   It well produces oil or liquids,   Unit   Sec.   Twp.   Rigo.   Is gas actually connected?   When   2-23-85   It well produces oil or liquids,   Unit   Sec.   Twp.   Rigo.   Is gas actually connected?   When   2-23-85   In the state of the section of torks.   E   3   175   30E   No
Change in Transporter of:
Note   Well   Change in Transporter of:   Oil   Dry Gas   Roland Rich Woolley's McIntyre #7; the   Change in Ownership   Casinghead Gas   Condensate   Roland Rich Woolley's McIntyre #7; the   Well was tested but never produced.
Recompletion OII Dry Gas Roland Rich Woolley's McIntyre #7; the well was tested but never produced.  Change of ownership give name address of previous owner  I. DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Peol Name, including Formation Kind of Lease Lease No.  Federal Q 5 Square Lake-Grayburg-SA Field Federal Fifty (LC 029020-M)  Location  Unit Letter C: 1295 Feel From The North Line and 1345 Feel From The West  Line of Section 3 Township 17S Range 304 NMPM, Eddy County  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cill of or Cendersate Address (Give address to which approved copy of this form is to be sent)  Navajo Refining Company F. O. Box 159, Artesia, New Mexico 88210  Name of Authorized Transporter of Cos.nghead Gas of City Gas Address (Give address to which approved copy of this form is to be sent)  None  If well produces oil or liquids, Junit Sec. Twp. Rgs. Is gas actually connected? When 2-23-85 give location of tanks. E 3 17S 30E No
Change of ownership give name and address of previous owner.  I. DESCRIPTION OF WELL AND LEASE Leave Name  Well No. Pool Name, including Formation Federal Q  Square Lake-Grayburg-SA  Styly Federal pyly  Location  Unit Letter C: 1295 Feet From The North Line and 1345 Feet From The West  Line of Section 3 Township 175 Range 30%, NMPM, Eddy  County  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil Conference of Conference of Address (Give address to which approved copy of this form is to be sent)  Navajo Refining Company  F. O. Box 159, Artesia, New Mexico 88210  Name of Authorized Transporter of Cosinghead Cas Conference of Cosinghead Cas County of this form is to be sent)  None  If well produces oil or liquids, give location of tarks.  E   3   175   30E No
Change of ownership give name and address of previous owner
I. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No.   Pool Name, including Formation   Kind of Lease   Lease No.   Federal Q   5   Square Lake-Grayburg-SA   Styly Federal pf fyl   LC   029020-M   Location   Unit Letter   C   : 1295   Feet From The   North   Line and   1345   Feet From The   West   Line of Section 3   Township   178   Range   30#   NMPM,   Eddy   County    II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cil   C   or Condensate   Address (Give address to which approved copy of this form is to be sent)  Navajo Refining Company   F. O. Box 159, 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)  None   Feet From The   West    County   Manne of Authorized Transporter of Casinghead Gas   Or Dry Gas   Address (Give address to which approved copy of this form is to be sent)  None   Feet From The   West    County   Manne of Authorized Transporter of Casinghead Gas   Or Dry Gas   Address (Give address to which approved copy of this form is to be sent)  None   Feet From The   West    County   Manne of Authorized Transporter of Casinghead Gas   Or Dry Gas   Address (Give address to which approved copy of this form is to be sent)  None   Feet From The   Line and   1345   Feet From The   West    County   Mexico   Mexico   Mexico    Feet From The   Mexico   Mexico    County   Mexico   Mexico   Mexico    Feet From The   Line and   1345   Feet From The   Line and    County   Mexico   Mexico    County   Mexico   Mex
Red of Lease   Row   Peol Name, including Formation   Rind of Lease   Lease No.
Federal Q  Location  Unit Lotter C: 1295   Feet From The North   Line and   1345   Feet From The   West    Line of Section 3   Township   175   Range   30%   NMPM,   Eddy   County    II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cil X   or Condensate   Address (Give address to which approved copy of this form is to be sent)  Navajo Refining Company   F. O. Box 159, Artesia, New Mexico 88210  Name of Authorized Transporter of Casinghead Gas X   or City Gas   Address (Give address to which approved copy of this form is to be sent)  None   Fost TO-2    If well produces oil or liquids,   Unit   Sec.   Twp.   Rigo.   Is gas actually connected?   When   2-23-85    Give location of tanks.   E   3   175   30E   No   Company   Connected?   When   County   13K    Location   County   13K   County   13K    No   County   13K    Location   County    Location   County
Unit Letter C: 1295   Feet From The North   Line and   1345   Feet From The   West    Line of Section 3   Township   17S   Range   30%   NMPM,   Eddy   County    II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cil  or Condensate   Address (Give address to which approved copy of this form is to be sent)  Navajo Refining Company   F. O. Box 159, Artesia, New Mexico 88210    Name of Authorized Transporter of Casinghead Gas of City Gas   Address (Give address to which approved copy of this form is to be sent)  None   Fest # D-2    If well produces oil or liquids,   Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When   2-23-85    Give location of tanks.   E   3   17S   30E   No   Ceruji + 15K      County   County   County   County   Ceruji + 15K
Unit Lotter C : 1295 Feet From The North Line and 1345 Feet From The West  Line of Section 3 Township 17S Range 30%, NMPM, Eddy County  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cil X or Condensate Address (Give address to which approved copy of this form is to be sent)  Navajo Refining Company  Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)  None    Post Tu-2
Line of Section 3 Township 17S Range 30%, NMPM, Eddy County  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cil  or Condensate Address (Give address to which approved copy of this form is to be sent)  Navajo Refining Company  F. O. Box 159, Artesia, New Mexico 88210  Name of Authorized Transporter of Casinghead Gas  or City Gas  Address (Give address to which approved copy of this form is to be sent)  None  If well produces oil or liquids, give location of tanks.  E   3   17S   30E   No   County
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cil  or Condensate  Address (Give address to which approved copy of this form is to be sent)  Navajo Refining Company  F. O. Box 159, Artesia, New Mexico 88210  Name of Authorized Transporter of Casinghead Gas  or City Gas  Address (Give address to which approved copy of this form is to be sent)  None  Fest # U-2  If well produces oil or liquids, give location of tanks.  E   3   178   30E   No
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cil  or Condensate  Address (Give address to which approved copy of this form is to be sent)  Navajo Refining Company  F. O. Box 159, Artesia, New Mexico 88210  Name of Authorized Transporter of Casinghead Gas  or City Gas  Address (Give address to which approved copy of this form is to be sent)  None  Fest # U-2  If well produces oil or liquids, give location of tanks.  E   3   178   30E   No
Name of Authorized Transporter of Cil  or Condensate  Address (Give address to which approved copy of this form is to be sent)  Navajo Refining Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas  Address (Give address to which approved copy of this form is to be sent)  None  If well produces oil or liquids, give location of tanks.  Let 13 17S 30E No Company  Address (Give address to which approved copy of this form is to be sent)  First TU-2  None  15 quive location of tanks.
Name of Authorized Transporter of Cil  or Condensate  Address (Give address to which approved copy of this form is to be sent)  Navajo Refining Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas  Address (Give address to which approved copy of this form is to be sent)  None  If well produces oil or liquids, give location of tanks.  None  No
Name of Authorized Transporter of Casinghead Gas Cor Cry Gas Address (Give address to which approved copy of this form is to be zent)  None    None   Fast # U-2
Name of Authorized Transporter of Casinghead Gas Cor Cry Gas Address (Give address to which approved copy of this form is to be zent)  None    None   Fast # U-2
If well produces oil or liquids, Unit Sec. Twp. Rgs. Is gas octually connected? When 2-23-85 give location of tanks.  E   3   17S   30E   No   Comput 15K
give location of tanks.  E 3 17S 30E No Compt 4 13K
this production is commingled with that from any other lease or pool, give commingling order number:
——————————————————————————————————————
NOTE: Complete Parts IV and V on reverse side if necessary.
T. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION
EED 1 0 1004
een complied with and that the information given is true and complete to the best of ORIGINAL SIGNED BY LARRY BROOKS
: GEOLOGIST - NMOCD
TITLE
This form is to be filed in compliance with RULE 1104.
Airman h. 16721.1 If this is a request for allowable for a newly drilled or deepened
(Signature) well, this form must be accompanied by a tabulation of the deviction tests taken on the well in accordance with AULE 111.
Field Foreman tests taken on the well in accordance with AULE 111.
Field Foreman tests taken on the well in accordance with AULE 111.

	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v	
Designate Type of Complet	ion - (X)	Re-entry		
Dote Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.	
12-12-84	1-29-85	3162' 3155'		
12-12-84 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay Tubing Depth		
3735' GL	Grayburg (Fremier)	2970' 3013'		
Perforations			Depth Casing Shoe	
GRAYBURG: Premier:	2970-80 @ 2 SPF = 21 hol	es w/.41" diameter	3161'	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEHENT	
20 •	13-3/8" - 48.0# Conduc	tor 30'	l Yard Readymix	
11"	8-5/8" - 24.0#	200' - 520'	Already cmtd w/50 sx	
1 2 ሂ ''	7" - 23.0#	469	300 sx circulated	
61	45" - 10.5#	3161' 2700 sx circulated		
7. TEST DATA AND REQUEST OIL WILL	FOR ALLOWABLE The study of the d	efter recovery of total valums of load epth or be for full 24 hours!	oil and must be equal to or exceed top allow	
7. TEST DATA AND REQUEST OIL WELL Date Fire: New Oil Run To Tanks	FOR ALLOWABLE To at the for this d	efter recovery of total volume of load epth or be for full 24 hours)  Producing Method (Flow, pump, ga.		
OIL W. LL	acte for this a	epik or be for full 24 hours)		
OIL WELL Date Fire: New Cil Run To Tanks 2-1-85	Date of Test	Producing Method (Flow, pump, ga.		
OIL WELL Date Fire: New Cil Run To Tanks 2-1-85	Date of Test 2-11-85	Producing Method (Flow, pump, go.  Pumping	a lift, etc.)	
OIL WELL Date Fire: New Cil Run To Tanks 2-1-85 Length of Test	Date of Test  2-11-85  Tubing Pressure	Producing Method (Flow, pump, ga.  Pumping  Casing Pressure	Choke Size	
OIL WELL Date Fire: New Cil Run To Tanks 2-1-85 Length of Test 24 hours	Date of Teet  2-11-85  Tubing Pressure  30#	Producing Method (Flow, pump, ga.  Pumping  Casing Pressure  30%	Choke Size None	
OII. WELL Date Fire: new Cil Run To Tanks 2-1-85 Length of Test 24 hours Actual Prod. During Test 66 bbls fluid	Date of Test  2-11-85  Tubing Pressure  30#  Oti-Bbis.	Producing Method (Flow, pump, ga.  Pumping Casing Pressure  30% Water-Bbis.	Choke Size  None  Gas-MCF	
OIL WELL Date Fire: New Oil Run To Tanks 2-1-85 Length of Test 24 hours Actual Prod. During Test	Date of Test  2-11-85  Tubing Pressure  30#  Oti-Bbis.	Producing Method (Flow, pump, ga.  Pumping Casing Pressure  30% Water-Bbis.	Choke Size  None  Gas-MCF	