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

Form C-104  
Superseding Old C-104 and C-110  
Effective 1-1-80  
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OCT 23 1981

O. C. D.  
ARTESIA, OFFICE

I. **Operator**  
**Anadarko Production Company /**  
**Address**  
**P. O. Box 67, Loco Hills, New Mexico 88255**  
**Reason(s) for filing (Check proper box)**  
New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐  
**Other (Please explain)**  
Change to be effective 10-27-81  
Former Transporter - Basin, Inc.

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

II. **DESCRIPTION OF WELL AND LEASE**  
Lease Name **Federal R** Well No. **1** Pool Name, including Formation **Square Lake Grayburg SA** Kind of Lease **FFF. Federal XXX** Lease No. **NM0467931**  
Location  
Unit Letter **G** **2310** Feet From The **North** Line and **2310** Feet From The **East**  
Line of Section **10** Township **17S** Range **30E** , NMPL, **Eddy** County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Navajo Refining Company, Pipeline Division** Address (Give address to which approved copy of this form is to be sent) **P. O. Box 150 Artesia, New Mexico 88210**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**Phillips Petroleum Company** Address (Give address to which approved copy of this form is to be sent) **P.O. Box 6666, Odessa, Texas 79760**  
If well produces oil or liquids, give location of tanks. Unit **A** Sec. **10** Twp. **17S** Rge. **30E** Is gas actually connected? **No** 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. Diff. Res.  
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 lead 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.) **POSTED 10-30-81 NRC**  
Length of Test \_\_\_\_\_ Tubing Pressure \_\_\_\_\_ Casing Pressure \_\_\_\_\_ Choke Size **10 3/4" BT 1/2"**  
Actual Prod. During Test \_\_\_\_\_ Oil-Bbls. \_\_\_\_\_ Water-Bbls. \_\_\_\_\_ Gas-MCF \_\_\_\_\_

**GAS WELL**  
Actual Prod. Test-MCF/D \_\_\_\_\_ Length of Test \_\_\_\_\_ Bbls. Condensate/MCF \_\_\_\_\_ 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.  
**Jerry E. Buckles**  
(Signature)  
**Area Supervisor**  
(Title)  
**October 16, 1981**  
(Date)

**OIL CONSERVATION COMMISSION**  
OCT 27 1981  
APPROVED \_\_\_\_\_  
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.