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ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

O. C. D.
ARTESIA OFFICE

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Anadarko Petroleum Corporation ✓

Address
P. O. Drawer 130, Artesia, New Mexico 88211-0130

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
Request for Allowable and Status change (gas well to oil well).

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal X	Well No. 1	Pool Name, including Formation Fren-Seven Rivers	Kind of Lease State, Federal or Fee Federal	Lease No. 209342A
Location Unit Letter <u>K</u> : <u>1350</u> Feet From The <u>South</u> Line and <u>1326</u> Feet From The <u>West</u> Line of Section <u>21</u> Township <u>17S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

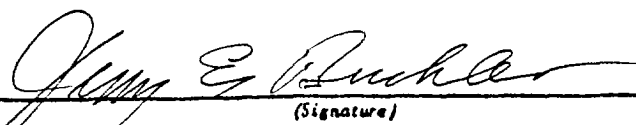
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O.Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O.Box 6666, Odessa, TX 79760
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>21</u> Twp. <u>17S</u> Rge. <u>30E</u>	Is gas actually connected? <u>No</u> When <u>Part 7D-3</u> <u>2-12-88</u>

If this production is commingled with that from any other lease or pool, give commingling order number: PC 527

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)
Area Supervisor
(Title)
01/19/88
(Date)

OIL CONSERVATION DIVISION (gave allow)

APPROVED JAN 21 1988, 19
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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.

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX							
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Nov. 6, 1926	March 27, 1927			3457			1822		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
3653	Seven Rivers			1812			1794		
Perforations							Depth Casing Shoe		
O.H. 1774-1822							1774		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
-	8-5/8"	525	50
-	7"	1774	50

V. TEST DATA AND REQUEST FOR ALLOWABLE (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.)	
01/14/88	01/19/88	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	35	170	None
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
2	2	0	2

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