DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
L. ND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ...
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OCT 27 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
Recompletion
Change in Ownership
Change in Transporter of: Oil [X] Casinghead Gas Dry Gas Condensate

Other (Please explain)
Change to be effective 11-1-81
Former transporter - Basin, Inc.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Federal X	5	Fren 7 Rivers	State, Federal, Fee	LC 029342

Location: Unit Letter N : 330 Feet From The South Line and 2310 Feet From The West
Line of Section 21 Township 17S Range 30E NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ] — Address (Give address to which approved copy of this form is to be sent): P.O. Box 159, Artesia, New Mexico 88210

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): P.O. Box 6666, Odessa, Texas 79760

If well produces oil or liquids, give location of tanks: Unit M, Sec. 21, Twp. 17S, Rge. 30E — Is gas actually connected? Yes — When: Unknow

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

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 (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	Gas-MCF
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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. Buckles
(Signature)
Area Supervisor
(Title)
October 19, 1981
(Date)

OIL CONSERVATION COMMISSION
APPROVED OCT 28 1981
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with ...
If this is a request for allowable for a newly ... well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE ...
All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change ...

Posted