

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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 ☐ Change in Transporter oil ☒ Dry Gas ☐
Recompletion ☐ Oil ☐ Condensate ☐
Change in Ownership ☐ Other (Please explain)
**Change to be effective 11-1-81
Former transporter - Basin, Inc.**

II. DESCRIPTION OF WELL AND LEASE
If change of ownership give name and address of previous owner _____
Lease Name **Federal X** Kind of Lease **FFX, Federal EXX** Lease No. **LO 029342**
Well No. **5** Pool Name, including Formation **Fren 7 Rivers**
Location **N 330** Feet From The **South** Line and **2310** Feet From The **West** County _____
Unit Letter **N** Township **17S** Range **30E** Bddy _____
Line of Section **21**

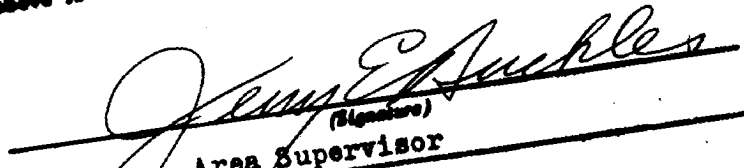
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Navajo Refining Company, Pipeline Division Address (Give address to which approved copy of this form is to be sent)
P.O. Box 159, Artesia, New Mexico 88210
Name of Authorized Transporter of 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
Is gas actually connected? **Yes** When **Unknown**
If well produces oil or liquids, give location of tanks. Unit **N** Sec. **21** Twp. **17S** Rge. **30E**
If this production is commingled with that from any other lease or pool, give commingling order number: **PG 527**

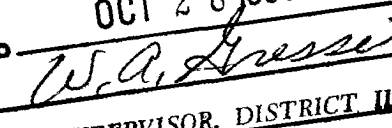
IV. COMPLETION DATA
Designate Type of Completion - (X)
☐ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Save Test
Date Spudded _____ Date Compl. Ready to Prod. _____
Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____
Total Depth _____ Tubing Depth _____
Top Oil/Gas Pay _____ Depth Casing Shoe _____
Perforations _____
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 greater than allowable for this depth or be for full 24 hours)
Producing Method (Flow, pump, gas lift, etc.) _____
OIL WELL
Date First New Oil Run To Tanks _____ Date of Test _____
Length of Test _____ Casing Pressure _____ Choke Size _____
Actual Prod. During Test _____ Tubing Pressure _____ Gas - MCF _____
Oil - Bbls. _____ Water - Bbls. _____
GAS WELL
Actual Prod. Test - MCF/D _____ Length of Test _____
Testing Method (pilot, back pr.) _____ Tubing Pressure (Shut-in) _____ Choke Size _____
Bbls. Condensate/MCF _____ Gravity of Condensate _____

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.


Area Supervisor
October 19, 1981
(Date)

OIL CONSERVATION COMMISSION
OCT 28 1981
APPROVED 
BY _____
TITLE **SUPERVISOR, DISTRICT II**
This form is to be filed in compliance with
If this is a request for allowable for a new well, this form must be accompanied by a tabular tests taken on the well in accordance with RU
All sections of this form must be filled out on new and recompleted wells.
Fill out only Sections I, II, III, and VI well name or number, or transporter or other as