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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	<input checked="" type="checkbox"/>
	GAS	
OPERATOR		<input checked="" type="checkbox"/>
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Supersedes Old C-104 and C-11

Effective 1-1-65

## REQUEST FOR ALLOWABLE

AND AUTHORIZATION RECEIVED BY OIL AND NATURAL GAS

AUG 12 1985

O. C. D.

ARTESIA, OFFICE

Operator

Anadarko Petroleum Corporation

Address

P. O. Box 2497, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Change in Ownership Effective:

AUG 1 1985

If change of ownership give name and address of previous owner Anadarko Production Company, P. O. Box 2497, Midland, Texas 79702

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Federal "L"	3	Loco Hills Qn, Grbg, San And	State, Federal or Fee Federal	LC 028936D
Location				
Unit Letter	E	: 2310 Feet From The North Line and 330 Feet From The West		
Line of Section	31	Township 17S Range 30E, NMPM, Eddy 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipeline Company	P. O. Box 60028, San Angelo, Texas 76906					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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.	Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When
	F	31	17S	30E	No	

If this production is commingled with that from any other lease or pool, give commingling order number: Order PLC-64

## 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					
			Posted ID 3					
			9-6-85					
			Chg Op Name					

## 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## 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

## 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.



Senior Administrative Specialist

(Title)

July 24, 1985

(Date)

## OIL CONSERVATION COMMISSION

APPROVED AUG 26 1985, 19

BY Original Signed By  
Les A. Clements

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.

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