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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

SEP 16 1971

D. C. L.
ARTESIA, OFFICE

Operator Anadarko Production Company	
Address P. O. Box 67 Loco Hills, New Mexico 88255	
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain) NFO Permit #2-45 Expires 3-1-71 # 2-67 Ch. 7-1-72	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Loco Hills Federal A 1-10	Well No. 1-10	Pool Name, Including Formation Grayburg Jackson Square Lake	Kind of Lease Federal	Lease No. NM074935
Location Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West Line of Section 10 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"/> Navajo Refining Co., Pipe Line Div.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 67, Artesia, New Mexico 88210	
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)	
If well produces oil or liquids, give location of tanks.	Unit M	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-7-71	Date Compl. Ready to Prod. 8-7-71	Total Depth 3352		P.B.T.D. 3352				
Elevations (DF, RKB, RT, GR, etc.) 3690 GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 3290		Tubing Depth 3331			
Perforations OH 3078 - 3352					Depth Casing Shoe 3078			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4 8 3/4	CASING & TUBING SIZE 9 5/8 7		DEPTH SET 432 3078 2 3/8 3331		SACKS CEMENT 250 sx. - circulated 400 sx.			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

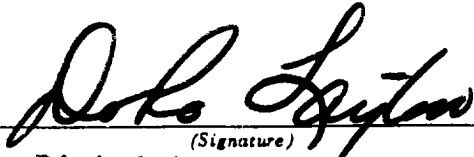
Date First New Oil Run To Tanks 8-20-71	Date of Test 8-22-71	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 30	Casing Pressure 30	Choke Size 1/8
Actual Prod. During Test 220	Oil-Bbls. 33	Water-Bbls. 187	Gas-MCF 16

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.


(Signature)
District Superintendent
(Title)
September 1, 1971
(Date)

OIL CONSERVATION COMMISSION

SEP 16 1971

APPROVED _____, 19____
BY **W. A. Gressett**
TITLE **OIL AND 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