NO. OF COPIES REC	130		
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SANTA FE	1		
FILE	1.		
U.\$.G.\$.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR			

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

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

	TRANSPORTER										
		GAS	1			•					
	OPERATOR		1		o. c. c.						
I.	PRORATION OF	FICE	ــــــــــــــــــــــــــــــــــــــ		ARTE	BIA. DFFICE					
	1 **										
	Anadarko Production Company										
	P. O. Box 67 Loco Hills, New Mexico 88255										
	Reason(s) for filing	_				Other (Please	e explain)				
	New Well	X	Conti	Tay .	Change in Transporter of:						
	Recompletion	X			Oil Dry Go	s 🔲					
	Change in Ow lership	₽█			Casinghead Gas Conden	sate					
	If change of owners and address of prev			ıe.							
			_								
u.	DESCRIPTION O	F WEL	L A	ND I	LEASE						
	Lease Name		_ 5	_	Well No. Pool Name, Including Fo		Kind of Lease		Lease No.		
	Loco Hills	reder	ar	<u>*</u>	1-9 Grayburg Jacks	on	XXX. Federa	LANASE III	-029342 (b)		
	Location	- 5				((0		. .			
	Unit Letter	D }	. :	660	Feet From The South Line	• and 660	Feet From 7	The East			
		0			17.5	20 T		TP A A	_		
	Line of Section	9_		Tow	nship 17 S Range	30 E , NMPM		Eddy	County		
-			NOD	~ n ~	COR OF OUR AND NATURAL CA	c					
Ц.	Name of Authorized	Transpo	nSP	OLL	CER OF OIL AND NATURAL GA	Address (Give address	to which approx	ed copy of this form	is to be sent)		
						P. O. Box 67	• • •	la, New Mexic			
						Address (Give address					
		_				4th & Washing		essa, Texas			
	Phillips Pet:	roten	ш	шЪя	Unit Sec. Twp. P.ge.	Is gas actually connect					
	If well produces oil give location of tank		io,	1	P 9 17 S 30 E	Yes		8-4-72			
ļ	<u> </u>				<u> </u>	<u> </u>		0-1-12	,		
			ingled	with	h that from any other lease or pool,	give commingling orde	unmper:				
٧.	COMPLETION D.	ATA			Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same	Res'v. Diff. Res'v.		
	Designate Typ	pe of C	ompl	etio	n - (X)	x	1		i i		
	Date Spudded				Date Compl. Ready to Prod.	Total Depth	- 1	P.B.T.D.	······		
	6-25-72			į	7-20-72	2862		285	4		
		evations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth				
	3685 G				Grayburg	2612		2845			
	Perforations							Depth Casing Shoe			
	2612-16, 262	2612-16, 2624-28, 2634-38, 2686-90, 2724-34, 2760-64, 2786-90, 2828-34 2860							0		
ı					TUBING, CASING, AND						
	HOLE	HOLE SIZE CASING & TUBING SIZE		CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
	12-	1.	8 5/8 462			250					
	7.7	7 8			5 5	2860		450			
					2 3/8"	78x5	<u> </u>	<u> </u>			
י ע	TEST DATA ANI	D REQI	UEST	FO	RALLOWABLE (Test must be af	ter recovery of total volu	me of load oil o	and must be equal to	or exceed top allow-		
• •	OIL WELL	EST 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)									
į	Date First New Oil 1		[anks		Date of Test	Producing Method (Flou		t, etc.)			
	7-23-72		7-28-72	Pump		T =					
	Length of Test				Tubing Pressure	Casing Pressure		Choke Size			
	24]	Hrs.						Gas - MCF			
	Actual Prod. During	Test			Oil-Bble.	Water-Bbls.	/	ł			
- 1		100 20 (load)		290							
	GAS WELL					D11- 01		Gravity of Condens			
	Actual Prod. Test-	MCF/D			Length of Test	Bbls. Condensate/MMC	r	Gravity or Condens	4.0		
						Casing Pressure (Shut	-(n)	Choke Size			
	Testing Method (pite	ot, back	pr.)		Tubing Pressure (Shut-in)	Cdeing Pressure (sauce	-14,	Chore size			
- {									1001		
VI. CERTIFICATE OF COMPLIANCE					CE .			TION COMMISS	ION 13-72		
	A handle carries that the rules and regulations of the Oil Conservation					Subject to Case 4320 9-13-72					
						APPROVED	MUb	2 4 13/C	_,		
	Commission base '	heen co	าตกไไล	nd w	ith and that the information given best of my knowledge and belief.	BY	1 x 1 we	Bel			
	To 1100 -110	b.c				1					

(Signatu Area Supervisor

(Title)

This form is to be filed in compliance with RULE 1104.

OIL AND GAS INSPECTOR

TITLE __

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 allow-