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

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

MAR 5 1972

I. Operator Anadarko Production Company	
Address P. O. Box 67, Loco Hills, New Mexico 88255	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 2-29-72 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Loco Hills A Federal	Well No. 4-X	Pool Name, Including Formation Grayburg-Jackson - Grbg.-S.A.	Kind of Lease State, Federal or Fee Federal	NM Lease No. 074935
Location Unit Letter EK 1980' Feet From The South Line and 1980' Feet From The West Line of Section 10 Township 17-S Range 30-E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company, Pipeline Division	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma			
If well produces oil or liquids, give location of tanks.	Unit H	Sec 10	Twp 17-S	Range 30-E
	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 3-11-72	Date Compl. Ready to Prod. 3-24-72		Total Depth 2939'		P.B.T.D. 2938'			
Elevations (DE, RKB, RT, GR, etc.) 3707'	Name of Producing Formation Grayburg		Top Oil/Gas Pay 2104'		Tubing Depth 2915'			
Perforations Loco Hills 2704 - 2708	Metex 2802 - 2810	Metex 2834 - 2838	Lower Premier 2900 - 2904		Depth Casing Shoe 2939'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/2"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 446'		SACKS CEMENT 150			
7 7/8"	5 1/2"		2939'		250			

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 3-24-72	Date of Test 3-29-72	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 75 PSI	Casing Pressure 300 PSI	Choke Size 1"
Actual Prod. During Test	Oil-Bbls. 88	Water-Bbls. 0	Gas-MCF 120 MCF

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.

Original signed by **D. R. Layton**

(Signature)
District Superintendent

(Title)

OIL CONSERVATION COMMISSION

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 allow-