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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE C.
AND ARTESIA, OFFICE
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRORATION 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 of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 7:1-72
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED**

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Loco Hills Federal	Well No. 6-15	Pool Name, Including Formation Grayburg Jackson	Kind of Lease State, Federal or Fee Federal	Lease No. 974935
Location Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West Line of Section 15 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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Ref. Co. 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 M	Sec. 10	Twp. 17-S	Rge. 30-E
Is gas actually connected? No When 5/17/72				

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4-15-72	Date Compl. Ready to Prod. 4-27-72		Total Depth 2865'		P.B.T.D. 2862'			
Elevations (DF, RKB, RT, GR, etc.) 3692 GL	Name of Producing Formation Grayburg		Top Oil/Gas Pay 2735'		Tubing Depth 2850'			
Perforations 2735 - 41 2838 - 43					Depth Casing Shoe 2863'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		459'		150			
7 7/8"	5 1/2"		2863'		450			

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 5-1-72	Date of Test 5-2-72	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 165	Water - Bbls. 38 (load)	Gas - MCF 190

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

MAY 10 1972

APPROVED _____, 19____

BY **W. A. Gressitt**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-