| 1 | HO. OF COPIES RECEIVED | | | | |
|---|--|--------------------------------------|--|--|--|
| | DISTRIBUTION | NEW MEXICO OIL CO | ONSERVATION C. MISSION | | |
| | SANTA FE | REQUEST FOR ALLOWABLE | | Form C-104 Supersedes Old (-104 and to | |
| | FILE 1 | AND | | Effective 1-1-65 | |
| | U.S.G.S. | AUTHORIZATION TO TRA | NSPORT OIL AND NATURAL GA | AS | |
| | TRANSPORTER GAS / | | | | |
| | OPERATOR / | <u>ר</u> ר ה | 5 100 0 | | |
| ı. | PRORATION OFFICE | F.E.B. | 5 1980 | | |
| •• | Operator O. C. D | | | | |
| | Anadarko Production Company ARTESIA, OFFICE | | | | |
| | P. O. Box 67, Loco Hills, New Mexico 88255 | | | | |
| | Reason(s) for filing (Check proper box) | | Other (Please explain) | | |
| | New Well | Change in Transporter of: | | Change to be effective 3-1-80. | |
| | Recompletion | Oil X Dry Gas | • 🔲 Former Transporter | : - Navajo Refining Co. | |
| | Change in Ownership | Casinghead Gas Conden | sate | Pipeline Division | |
| | If change of ownership give name and address of previous owner | | | | |
| 11. | DESCRIPTION OF WELL AND I | LÉASE | | | |
| | Lease Name | Well No. Pool Name, Including Fo | | | |
| | Loco Hills "A" Federal | 8 Grayburg Jackso | on - Style, Federal | W 074935 | |
| | Location P | 90 Nameh | . 660 | West | |
| | Unit Letter E ; 17 | 80 Feet From The North Line | e andFeet From T | he | |
| | Line of Section 15 Tow | mship 17S Range | 30E NMPM, Ed | idy | |
| | | | | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | |
| | Name of Authorized Transporter of Oil | | Address (Give address to which approve | | |
| | Basin, Inc. Name of Authorized Transporter of Cas | inghead Gas 🗥 of Dry Gas 🦳 | 511 W.Ohio, P.O.Box 2297 Address (Give address to which approve | 7, Midland, Texas 79701 | |
| | Phillips Petroleum Company P. O. Box 6666, Odessa, Texas 79760 | | | | |
| | If well produces oil or liquids, | Unit Sec. Twp. Rgs. | Is gas actually connected? When | | |
| | give location of tanks. | M 10 17S 30E | Yes | May 17, 1972 | |
| | If this production is commingled wit | h that from any other lease or pool, | give commingling order number: | | |
| IV. COMPLETION DATA OIL Well Gas Well New Well Workover Deepen Plug | | | | Plug Back Same Session | |
| | Designate Type of Completio | n – (X) | | ! | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| | Florettes (DE BKD DT CD | Name of Bradwalay Formation | Top Oil/Gas Pay | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top On/Gas Pay | Tubing Depth | |
| | Perforations | L | | Depth Casing Shoe | |
| | | | | | |
| | | TUBING, CASING, AND | CEMENTING RECORD | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| | | | | ted | |
| | | | | 10° D 3 | |
| | | | | nd must be equal to. A. To Bi | |
| V. | TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to . A. Ke | | | and must be equal to . For for Bi | |
| • • | OIL WELL | agre jor sitt de | pen or on jor juit 24 hours; | | |
| | Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas life | (etc.) | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | |
| | Length of 1 est | I total Pressure | Custing Present | Choire Size | |
| | Actual Prod. During Test | Oil-Bhis. | Water - Bble. | Gas - MCF | |
| | | | | | |
| | | | | | |
| | GAS WELL | It and had many | Phile Condessate Condessate | I a | |
| | 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 | 710 | OIL CONSERVA | TION COMMISSION | |
| ₩ 4. | CERTIFICATE OF COMPLIANCE | | FEB % 5 19 | | |
| | I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. | | AFFROVED | | |
| | | | BY W. a. Dressett | | |
| | | | | CTDICT H | |
| | | | TITLE SUPERVISOR, DISTRICT II | | |

Area Supervisor

1980

January 18.

This form is to be filed in compliance with RULE 1104

If this is a request for allowable for a newly drilled or despense well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 1111.

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