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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-105
Effective 1-1-65

AUG 3 1972

I. OPERATOR

O. O. O.
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 type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	<i>Large lease name</i>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	<i>from The Permian Corp.</i>
		Dry 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 B Loco Hills Federal B	Well No. 3-17	Pool Name, including Formation Grayburg Jackson	Kind of Lease XXXX, Federal XXXX	Lease No. LC 029342 (b)
Location				
Unit Letter F	: 1980	Feet From The North	Line and 1980	Feet From The West
Line of Section 17	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"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Co., Pipeline Division	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"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co.	47th + Washington Street, Texas
If well produces oil or liquids, give location of tanks.	is gas actually connected? When
F 17 17-S 30-E	Yes 8-9-72

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - 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.

Bob Layton
(Signature)

Area Supervisor
(Title)

OIL CONSERVATION COMMISSION

AUG 4 1972

APPROVED _____
BY *W. A. Gressett*
OIL AND GAS INSPECTOR
TITLE _____

This form is to be filed in compliance with RULE 104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the test results taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for this form to be considered complete.