Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Litergy, Minerals and Natural Resources Departire.

RECEIVED See Instructions

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

-F+ 1 7 1992 C. C. D.

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l.	TOTR	ANSPORT OIL	AND NATURAL C	BAS			
nerator /				We	II API No.		
Anadarko Petro	oleum Corporat	ion:/			30-	015-20644	
Address P.O. Drawer 13	RO Artogia N	ew Mexico 8	38211-0130				
Reason(s) for Filing (Check proper box		EW LEXICO	Other (Please exp	olain)			
New Well		n Transporter of:	Change in 1	locatio	n of stock	tanks.	
Recompletion	Oil L	Dry Gas	<u> </u>				
Change in Operator	Casinghead Gas	Condensate					
f change of operator give name and address of previous operator							
u. DESCRIPTION OF WEL	L AND LEASE						
Lease Name Loco Hills "B"	Federal 4		ing Formation Jackson Queen, S	300	nd of Lease He, Federal SPINK	Lease No. LC-029342-	
Location Unit LetterC	. 660	_ Feet From The _	North_Line and	1980	Feet From The	West	
Section 17 Town	ship 17S	Range 30	E , NMPM,			Eddy Count	
	NOROBER OF C	NE AND MATE	IDAT CIAC				
III. DESIGNATION OF TRANSPORTER OF OIL NAME OF Authorized Transporter of Oil NRC.			Address (Give address to	which approv	ved copy of this for	n is to be sent)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas			Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge. 17S 30E	Is gas actually connected? Yes	wi	oen ? July	, 1973	
f this production is commingled with the	hat from any other lease o	r pool, give comming	ling order number:				
V. COMPLETION DATA	louw	11 Gas Well	New Well Workover	Deeper	Plug Back S	ame Res'v Diff Re	
Designate Type of Completic	Oil We	II Gas well		Deeper	Flug Back S		
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	
	TUBINO	, CASING AND	CEMENTING RECO	RD			
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
V. TEST DATA AND REQU	EST FOR ALLOW	VABLE		. II I. I	this double on he for	r Gill 24 hours	
OIL WELL (Test must be aft Date First New Oil Run To Tank	er recovery of total volum Date of Test	e of load oil and mus	Producing Method (Flow,	pump, gas li	fi, elc.)	jui 24 nous.)	
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.		Water - Bbis.		Gas- MCF	
GAS WELL			, ,				
Actual Prod. Test - MCF/D Length of Test			Bbls. Condensate/MMCF		Gravity of Co	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Sh	ut-in)	Casing Pressure (Shut-in)		Choke Size	Choke Size	
VI. OPERATOR CERTIF	TCATE OF COM	IDI IANCE	-				
I hereby certify that the rules and r				NSER	VATION E	NVISION	
Division have been complied with	and that the information g	iven above			FEB 2 1 1	992	
is true and complete to the best of	my knowledge and belief.		Date Approv	/ed			
/ Vares Od	Juelles			DONAL	OLONICO CU		
Cianathina			By	By ORIGINAL SIGNED BY MIKE WILLIAMS			
Signature Jerry E. Buckles Area Supervisor		SHEEDVISOR DISTRICT II					
Printed Name February 12, 1992	2 (505	Title) 748–3368	Title		,		
Pete		elephone No.					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.