

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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

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

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|   |  |   |
|---|--|---|
| Operator<br>Anadarko Petroleum Corporation  |  | Well AFI No.<br>30-015-21869  |
| Address<br>P.O. Drawer 130, Artesia, New Mexico 88211-0130 (505) 748-3368   |  |   |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Change in Transporter of:<br>Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Also: Change of fluid type from condensate to oil; change pool (formerly Loco Hills Morrow So (Gas) & Request for Allowable<br>Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |  | <input checked="" type="checkbox"/> Other (Please explain) Name change (formerly Loco Hills Federal Com #1) |
| If change of operator give name and address of previous operator  |  |   |

### II. DESCRIPTION OF WELL AND LEASE

|   |               |   |   |                         |
|---|---------------|---|---|-------------------------|
| Lease Name<br>Federal K   | Well No.<br>1 | Pool Name, Including Formation<br>Loco Hills Qn-GB-SA | Kind of Lease<br>State, Federal or Private<br>State | Lease No.<br>LC-028936d |
| Location<br>Unit Letter L : 1980 Feet From The South Line and 990 Feet From The West Line<br>Section 29 Township 17S Range 30E, 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"/><br>Navajo Refining Company-Trucking Div. | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Drawer 159, Artesia, NM 88210 |             |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br>None                                     | 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<br>F  | Sec.<br>31  |
|   | Twp.<br>17S  | Rge.<br>30E |
|   | In gas actually connected?<br>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 <input type="checkbox"/> | New Well <input type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/>                     | Plug Back <input checked="" type="checkbox"/> | Same Res'v <input type="checkbox"/> | Diff Res'v <input checked="" type="checkbox"/> |
| Date Spudded<br>09-23-76                                | Date Compl. Ready to Prod.<br>10-21-91       |                                   | Total Depth<br>11,400'            |                                   | P.B.T.D.<br>3355'                                   |   |                                     |  |
| Elevations (DF, RKB, RT, GR, etc.)<br>3608' GL          | Name of Producing Formation<br>Queen         |                                   | Top Oil/Gas Pay<br>2,474'         |                                   | Tubing Depth<br>2575'                               |   |                                     |  |
| Perforations<br>2474' - 2500' (52 holes w/.5" diameter) |  |                                   |                                   |                                   | Depth Casing Shoe<br>3503'                          |   |                                     |  |
| TUBING, CASING AND CEMENTING RECORD                     |  |                                   |                                   |                                   |   |   |                                     |  |
| HOLE SIZE   | CASING & TUBING SIZE                         |                                   | DEPTH SET                         |                                   | SACKS CEMENT<br>Post ID-2<br>11-22-91<br>comp Queen |   |                                     |  |

### 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 Tank<br>10-05-91  | Date of Test<br>10-07-91 | Producing Method (Flow, pump, gas lift, etc.)<br>Pumping |                   |
| Length of Test<br>24 hours  | Tubing Pressure<br>40    | Casing Pressure<br>40                                    | Choke Size<br>--  |
| Actual Prod. During Test<br>10  | Oil - Bbls.<br>6         | Water - Bbls.<br>4                                       | Gas - MCF<br>TSTM |

### GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Mike Braswell Field Foreman  
Printed Name Mike Braswell Title  
Date 10-08-91 Telephone No. (505) 748-3368

### OIL CONSERVATION DIVISION

Date Approved DEC 13 1991

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

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.