

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
RECEIVED

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

MAY 16 1980

Operator	Anadarko Production Company			O.C.D.
Address	P. O. Box 67, Loco Hills, New Mexico 88255			
Reason(s) for filing (Check proper box)	Other (Please explain)			
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	7-3-80	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	EXCEPTION TO Rule 306	
			IS OBTAINED	
If change of ownership give name and address of previous owner				

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	
Federal "L"	7	LocoHills-Queen-Grayburg-SA	State/Federal/Off	LC 028936(d)
Location				
Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West				
Line of Section 31 Township 17S Range 30E, NMPM, Eddy				

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)					
Texas-New Mexico Pipeline Company	P. O. Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	31	17S	30E	No	

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 Test
X	X		X				
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
4-7-80	5-1-80	3400' KB		3392' KB			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
3582' GL	San Andres	3190		SNOE 3266' KB			
Perforations				Depth Casing Shoe			
3192-94 & 3198-3210 @ 2 SPF (30 holes)				3397' KB			
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
12-1/4"	8-5/8"		447' KB		300 SX - Circ		
4-1/2"	7-7/8"		3397' KB		700 SX - 50/50 Posmix		
	2 3/8"		3266				

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 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.)	
5-3-80	5-15-80	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hour	20#	20#	None
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
29 bbls.	18	11	40

GAS WELL

Leakage Factor 950

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. 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.

Amy E. Duckles  
(Signature)  
Area Supervisor  
(Title)  
May 15, 1980  
(Date)

OIL CONSERVATION COMMISSION

MAY 21 1980

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY W. A. Gressitt  
TITLE SUPERVISOR, DISTRICT II

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 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.