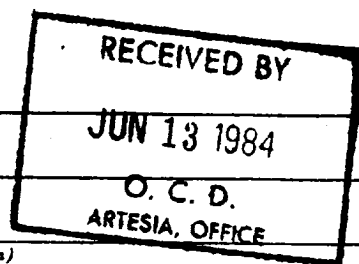


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| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

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-110
Effective 1-1-65



Operator
Anadarko Production Company
Address
P. O. Drawer 130, Artesia, New Mexico 88210

| | |
|---|--|
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | CASINGHEAD GAS MUST NOT BE FLARED AFTER 8-18-84 UNLESS AN EXCEPTION TO RULE 306 IS OBTAINED |
| Recompletion <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | |
| Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|---------------------------|----------|---------------------------------|---------------------------|--------------------|
| Lease Name | Well No. | Pool Name, including Formation | Kind of Lease | Lease No. |
| Burnham Grayburg SAU Tr.6 | 4 | Square Lake-Grayburg-San Andres | State, Federal or Private | B-2130 |
| Location | | | | |
| Unit Letter | N | 1310 Feet From The | South Line and | 2630 Feet From The |
| Line of Section | 2 | Township | 17S | Range |
| | | | 30E | NMPM, Eddy County |

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 Company, Pipeline Division | P. O. Box 159, Artesia, New Mexico 88210 | | | | | |
| 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 |
| | L | 2 | 17S | 30E | No | |

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

| | | | | | | | | |
|--|-----------------------------|-----------------|--------------|----------|--------|-----------|--------------|---------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'tv. | Diff. Res'tv. |
| | X | | X | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| 3-21-84 | 5-28-84 | 3250' KB | 3244' KB | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| 3749.6' GL | Grayburg-San Andres | 2928' | 3202' KB | | | | | |
| Perforations | Depth Casing Shoe | | | | | | | |
| 2928-34, 2947, 2962-66, 3034-38, 3176-78 & 3183-86 | 3250' KB | | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|-------------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12-1/4" | 8-5/8" | 482' KB | 500 sx circulated |
| 7-7/8" | 5-1/2" | 3250' KB | 950 sx circulated |
| 5-1/2" | 2-3/8" tbg | 3202' KB | |

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.) | |
| 5-30-84 | 6-8-84 | Pumping | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 hours | 35# | 35# | None |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
| 146 bbls fluid | 31 | 115 | 8 |

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 |
| | | | |

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.

Mike Brunwell
(Signature)
Field Foreman
(Title)
June 11, 1984
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 18 1984
Original Signed By
BY Leslie A. Clements
Supervisor District II
TITLE

This form is to be filled in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.