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OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

Form C-104

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUG 12 1985

O. C. D.

ARTESIA OFFICE

Operator
Anadarko Petroleum Corporation ✓
Address
P. O. Box 2497 Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change in Ownership Effective:

AUG 1 1985

If change of ownership give name
and address of previous owner:

Anadarko Production Company, P.O. Box 2497, Midland, Texas 79702

1. DESCRIPTION OF WELL AND LEASE

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

1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company - Trans. & Supply	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1267, Ponca City, OK 74601					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 2	Twp. 17S	Pge. 30E	Is gas actually connected? Yes	When NA

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

7. COMPLETION DATA

Designate Type of Completion - (X)					Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'r.	Drill Res'r.
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 Pist ID-3 9-6-85 Chg op Name							

7. 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)

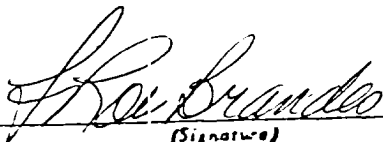
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

1. 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.


(Signature)

Senior Administrative Specialist

(Title)

July 22, 1985

(Date)

OIL CONSERVATION COMMISSION

APPROVED

AUG 29 1985

BY

Original Signed By

Les A. Clement

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 deviated 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.

