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OPERATOR	<input checked="" type="checkbox"/>
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NEW MEXICO OIL CONSERVATION COM. ON  
REQUEST FOR ALLOWABLE  
AND

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

REQUEST FOR ALLOWABLE TO TRANSPORT OIL AND NATURAL GAS

JAN 25 1985

O. C. D.

ARTESIA OFFICE

Operator

Anadarko Production Company

Address

P. O. Drawer 130, Artesia, New Mexico 88210

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)

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.				
Loco Hills "B" Federal	9	Grayburg-Jackson-Queen-SA	State, Federal <del>State</del>	LC 029342-b				
Location								
Unit Letter	I	1460	Feet From The South Line and	1310 Feet From The East				
Line of Section	9	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	P. O. Box 159, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company	4001 Penbrook, Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	9	17S	30E	Yes	1-17-85

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'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12-20-84	1-17-85	3040'	3030'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3691' GL	Grayburg	2624'	2857'					
Perforations	Loco Hills: 2624-30 & 2648-52 @ 2 SPF			Depth Casing Shoe				
GRAYBURG:	Metex:- - - 2742-2746, 2772-2778 & 2800-2802 @ 2 SPF							
	Premier:- - - 2848-2852 @ 2 SPF							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	442' KB	500 sx circulated
7-7/8"	5-1/2"	3036' KB	900 sx circulated
	2 3/8	2857	

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all-  
OIL WELL (able 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.)	
1-19-85	1-23-85	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	30#	30#	None
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF
51 bbls fluid	16	35	3.2

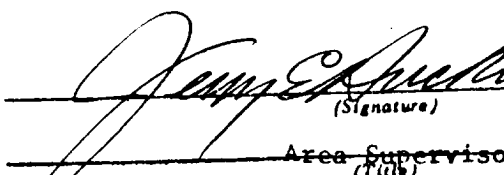
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GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

  
(Signature)  
Area Supervisor  
(Title)  
January 23, 1985  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 13 1985, 19  
Original Signed By  
BY Leslie A. Clements  
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 deep well, this form must be accompanied by a tabulation of the devils tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all able 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.