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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

DEC 27 1993

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Anadarko Petroleum Corporation		Well API No. 30-015-27508
Address PO Drawer 130, Artesia, NM 88211-0130		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Power Federal Com	Well No. 2	Pool Name, Including Formation Undesignated Strawn <i>Wildcat Strawn</i>	Kind of Lease State, Federal & Local	Lease No. LC0305706
Location Unit Letter <u>I</u> : <u>1400</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>26</u> Township <u>17S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> 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"/> Navajo Refining Co., Truck Division	Address (Give address to which approved copy of this form is to be sent) PO Box 159, Artesia, NM 88211					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 1959, Midland, TX 79702					
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>26</u>	Twp. <u>17S</u>	Rge. <u>30E</u>	Is gas actually connected? Yes	When? 12-15-93

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 09-17-93	Date Compl. Ready to Prod. 11-23-93		Total Depth 11,560' KB MD		P.B.T.D. 11,351' KB MD			
Elevations (DF, RKB, RT, GR, etc.) 3544' GL	Name of Producing Formation Strawn		Top Oil/Gas Pay 10610' KB MD 10504 KB		Tubing Depth VD 10569' KB MD			
Perforations 10,610' to 10622' KB, MD			Depth Casing Shoe 11,551' KB MD					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"	48# H-40	518' KB		450 sx (circ)			
12 1/2"	9 5/8"	36# K-55	3305' KB		1500 sx (circ)			
7 7/8"	4 1/2"	11.6# S-95	11551' KB		1830 sx (CT @ 1750')			
4"	2 3/8"	4.7# N-80	10569' KB		None			

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 12-15-93	Date of Test 12-16-93	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 1840#	Casing Pressure 0# (pker)	Choke Size 15/64"
Actual Prod. During Test 322	Oil - Bbls. 322	Water - Bbls. 0	Gas - MCF 1577

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.

Mike Braswell
Signature
Mike Braswell, Field Foreman
Printed Name
Date 12-16-93 (505) 677-2411
Date 12-27-93 Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 27 1993

By _____

Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.