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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

RECEIVED
OCT 17 1968
D. E. C.
ARTESIA OFFICE

Operator ANADARKO PRODUCTION COMPANY	
Address P. O. Box 9317, FORT WORTH, TEXAS 76107	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
NAME CHANGE FROM STATE "D"	

If change of ownership give name and address of previous owner
WESTERN OIL FIELD, INC., P. O. Box 1147, HOBBS, NEW MEXICO

Lease Name NEW MEXICO STATE "D"	Well No. 4	Pool Name, including Formation ARTESIA	Kind of Lease State XXXXXXX	Lease No. 8-10456
Location				
Unit Letter <u>I</u> ; <u>330'</u> Feet From The <u>E</u> Line and <u>1650'</u> Feet From The <u>S</u>				
Line of Section <u>14</u> Township <u>18</u> Range <u>27</u> , NMPM, <u>EDDY</u> County				

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)		
CONTINENTAL PIPELINE CO.		Box 367, 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 1	Sec. 14	Twp. 18	Rge. 27
				Is gas actually connected? No
				When

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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			

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	

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.

J. N. Chaffin (Signature)
PRODUCTION RECORDS SUPERVISOR
(Title)
OCTOBER 14, 1968
(Date)

OIL CONSERVATION COMMISSION
OCT 24 1968
APPROVED _____, 19____
BY W. A. Gussert
TITLE OIL AND GAS INSPECTOR

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.