

Submit 5 Copies
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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Anadarko Petroleum Corporation		Well API No.
Address P.O. Drawer 130, Artesia, New Mexico 88211-0130		
Reason(s) for Filing (Check proper box) New Well <input 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"/>		<input checked="" type="checkbox"/> Other (Please explain) This well has been TAed since 1969; we have re-activated this well.
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cowtown Unit	Well No. 402	Pool Name, Including Formation Artesia Queen Grayburg SA	Kind of Lease State, Surface <input checked="" type="checkbox"/> Fee	Lease No. B-11276-2
Location Unit Letter <u>E</u> : <u>1330</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>24</u> Township <u>18S</u> Range <u>28E</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. <input checked="" type="checkbox"/> Pipeline Div.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 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)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? K 13 18S 29E No

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 <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input checked="" type="checkbox"/> Diff Res'v <input type="checkbox"/>		
Date Spudded 02-06-92	Date Compl. Ready to Prod. 04-15-56	Total Depth 2903'	P.B.T.D. 2903'
Elevations (DF, RKB, RT, GR, etc.) 3513' GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 2560'	Tubing Depth 2698'
Perforations 2560'-70', 2696'-98', 2700'-02', 2708'-14'			Depth Casing Shoe 2880'
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8-5/8"	324'	25 sx
7"	5-1/2"	2880'	90 sx
4-3/4"	2-3/8"	2698'	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 11-21-92	Date of Test 11-21-92	Producing Method (Flow, pump, gas lift, etc.) Swab - to be put on pump	
Length of Test 24 hrs.	Tubing Pressure 10#	Casing Pressure 0#	Choke Size None
Actual Prod. During Test 30	Oil - Bbls. 6	Water - Bbls. 24	Gas- MCF TSTM

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
Printed Name
11-23-92
Date
Field Foreman
Title
(505) 677-2411
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 10 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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

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