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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE ANR ECEIVED AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

MAY 1 8 1970 C.C.C. RTESIA, OFFICE Operator Anadarko Production Company Address Box 67 Loco Hills, New Mexico 88255 Other (Please explain) Reason(s) for filing (Check proper Z Reto Change in Transporter of: New Well Oil Dry Gas Recompletion Condensate Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE

Lease Name Far West Loco H111s Well No. Pool Name, Including Formation Lease No State, Federal or Fee Sand Unit - Tract No. 8 8 Loco Hills Grayburg, S.A. Location West 1170 South Feet From The Line and Feet From The **1**8 s Eddy Township 29E Range , NMPM, County Line of Section Name of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved copy of this form is to be sent) Midland, Texas P. O. Box 1510 Texas-New Mexico Pipeline Company Address (Give address to which approved copy of this form is to be sent) or Dry Gas Name of Authorized Transporter of Casinghead Gas Is gas actually connected? P.ge. Unit N 9 18 S | 29 E No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Workover Plug Back Oil Well Gas Well New Well Designate Type of Completion - (X) X Date Compl. Ready to Prod. P.B.T.D. Date Spudded n. 3224-70 2654 **2675** 4-17-70 Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation 2527 Grayburg 2471 3527 GL Perforations 2654 2471-75, 2480-84 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 386 26 XAXXXXX 10 50 2383 8 44" <u>250</u> 2654 2 3/8" 2527 4 (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test 4-28-70 Pump 4-18-70 Choke Size Casing Pressure Tubing Pressure 24 hr. Ggs - MCF Water - Bbls. Oll-Bbls. Actual Prod. During Test 12 20 30 **GAS WELL** Gravity of Condensate Length of Test Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) TION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED 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.

Del Tauten
D. R. Leycon
(Title)
29 April 1970

(Date)

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.