| GTATE OF NEW MEXICO AGY AND MINERALS DEPARTMENT | OIL CONSERV. | ATION DIVISIC | Form C-104 Revised 10-1-78 RECEIVED |
|--|---|--|---|
| | P, O, DOX 2088 SANTA FE, NEW MEXICO 87501 | | JAN 04 1983 |
| U.S.U.S. | DECHECT FOR ALLOWARD F | | |
| INANSPONTEN DAS | REQUEST FOR ALLOWABLE AND | | O. C. D. ARTESIA, OFFICE |
| OPERATOR PROBATION OFFICE Operator | | PORT OIL AND NATURAL GAS | |
| Anadarko Production Com | npany V | | |
| P. O. Drawer 130, Artes Reason(s) for filing (Check proper bo | sia, New Mexico 88210 | Other (Please explain) | |
| New Well | Change in Transporter of: Oil Dry G | Name Change Formerly Far | West Loco Hills Sand Unit |
| Change in Ownership | Casinghead Gas Conde | | |
| I change of ownership give name nd address of previous owner | | | |
| DESCRIPTION OF WELL AND | LEASE | | |
| H. G. Watson | Well No. Pool Name, Including F 6 Loco Hills-Que | een-Grayburg-SA | 20000 |
| Location Unit Letter <u>N</u> ; <u>117(</u> | 0Feel From The <u>South</u> Lin | ne and2490 Feet From | The West |
| · · · · · · · · · · · · · · · · · · · | anship 185 Range | 29Е , ммрм, | Eddy County |
| | TER OF OIL AND NATURAL GA | 45 | |
| Name of Authorized Transporter of Ci | i 🔀 or Condensate 🛄 | Address (Give address to which appr | |
| Texas-New Mexico Pipe Name of Authorized Transporter of Co | Line Company Isinghead Gas or Dry Gas | P. O. Box 1510. Midlan Address (Give address to which appr | G. TEXAS /9/UZ oved copy of this form is so be sentj |
| if well produces of or liquids, give location of tanks. | Unu Sec. Twp. Rge. | is gas actually connected? Wi | hen |
| this production is commingled ware complexity of the second secon | ith that from any other lease or pool, | | |
| Designate Type of Completi | on - (X) | 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. |
| lovations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| Perforations | | | Depth Casing Shoe |
| | TUBING, CASING, ANI | D CEMENTING RECORD | SACKS CEMENT |
| ······································ | | | |
| | | | |
| EST DATA AND REQUEST F | | l fier recovery of total valume of load air rpth or be for full 24 hours) | l and must be equal to or exceed top allows |
| DL WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas l | lijt, etc.j |
| ength of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | 011-Bble. | Water-Bole. | Gas - MCF |
| | |] | |
| AS WELL | Lengin of Test | Bbis. Condensate/MMCF | Gravity of Condensate |
| Teeling Method (pirol, back pr.) | Tubing Pressure (Shut-in) | Cosing Pressure (Shut-in) | Choko Size |
| ERTIFICATE OF COMPLIAN | CE | DIL CONSERVA | |
| hereby certify that the rules and t | regulations of the Oll Conservation | APPROVED -DEC-2-8-19 | 82 JAN 0 7 1983 |
| vision have been complied with and that the information given bove is true and complete to the best of my knowledge and belief. | | BY Loslie A. Clements Superviso: District II | |
| | 1 | TITLE | |
| (/ noth | uchtra - | If this to a request for allo | compliance with RULE 1104. wable for a newly drilled or deepenew |
| (Signature) Area Supervisor | | well, this form must be accompanied by a fabulation of the deviation. tests taken on the well in accordance with MULK 111. | |
| (Tille) | | All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner. | |
| December 31, 1982 (Doint) | | Fill out only sections 2, 11, 11, and the such change of conditions well neme or number, or transporter, or other such change of conditions Separate Forms C-104 must be filed for each pool in multiply convolution wells. | |