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TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		
PRORATION OFFICE		

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-104-1-65

RECEIVED BY  
FEB 29 1984  
O. C. D.  
ARTESIA, OFFICE

I. Operator  
Anadarko Production Company ✓  
Address  
P. O. Drawer 130, Artesia, New Mexico 88210  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Name Change: Formerly Far West  
Loco Hills Sand Unit, Tract 8, Well 4  
Plan to re-complete this as oil well  
Former Purchaser: Texas-New Pipeline  
If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name  
H. G. Watson A  
Well No. 1  
Pool Name, including Formation  
Loco Hills-Queen-Grayburg-SA  
Kind of Lease  
P. O. Box 159, Artesia, New Mexico 88210  
Lease No.  
FEE  
Location  
Unit Letter J  
2310 Feet From The South Line and 2310 Feet From The East  
Line of Section 4 Township 18S Range 29E, NMPM, Eddy Count

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Navajo Crude Oil Purchasing Company  
Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 159, Artesia, New Mexico 88210  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
None  
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 K Sec. 4 Twp. 18S Rge. 29E  
Is gas actually connected? No When

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 Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Re  
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

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 oil able for this depth or be for full 24 hours)  
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

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. 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.

OIL CONSERVATION COMMISSION  
APPROVED MAR 0 1 1984  
BY Original Signed By  
Leslie A. Clements  
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for a well on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condi

Area Supervisor  
(Title)

February 28, 1984  
(Date)