

NO. OF COPIES RECEIVED

DISTRIBUTION

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PROFATION OFFICE

Operator

Anadarko Petroleum Corporation

Address

P. O. Box 2497      Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change In Ownership ☒

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

Change in Ownership Effective:

AUG 1 1985

If change of ownership give name and address of previous owner

Anadarko Production Company, P.O. Box 2497, Midland, Texas 79702

DESCRIPTION OF WELL AND LEASE

Lease Name

H.G. Watson

Well No.

8

Pool Name, Including Formation

Loco Hills Grbg., San Andres

Kind of Lease

State, Federal or Fee Fee

Lease No.

---

Location

Unit Letter

0

:

660

Feet From The

South

Line and

1980

Feet From The

East

Line of Section

4

Township

18S

Range

29E

NMPM

Eddy

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Navajo Refining Company - Truck Division

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 159, Artesia, NM 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:

COMPLETION DATA

Designate Type of Completion - (X)

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

Posted ID-3

9-6-85

City Of Name

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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/MCF

Gravity of Condensate

Testing Method (pilot, back pr.)

Tubing Pressure (Shot-in)

Casing Pressure (Shot-in)

Choke Size

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.

Signature

Senior Administrative Specialist

July 22, 1985

Date

OIL CONSERVATION COMMISSION

AUG 26 1985

APPROVED

BY

Original Signed By

Les 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 deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 Form C-104 must be filled for each pool in multi-