FILE / - AND Effection U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GES ! V E LAND OFFICE III. 7 1969 IRANSPORTER 01L / PRORATION OFFICE III. 7 1969 OPERATOR / PRORATION OFFICE III. 7 1969 Operator III. C. C. AMADARKO PRODUCTION COMPANY Axtribut, Texas 76107 Reason(s) for filing (Check proper box) Change in Transporter of: New Well Other (Please explain) Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner Casinghead Gas II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Lease Name Well No. Pool Name, Including Formation Federal II 9 Loco Hills Grayburg S.A.	Lease No. IC-050006
SANTA FE / FILE / U.S.G.S. AND LAND OFFICE AND TRANSPORTER OIL OPERATOR / PRORATION OFFICE III. OPERATOR III. PROPODUCTION COMPANY Address P. O. Bix 9317, Fort Worth, Texas 76107 Recompletion Change in Transporter of: Recompletion Oil Change of ownership Change in Transporter of: Recompletion Oil Change of ownership Casinghead Gas If change of ownership Well No. Pool Name, Including Formation It change of ownership Well No. Pool Name, Including Formation It change of the Well III 9 Lease Name Kind of Lease Federal II 9 Loco Hills Grayburg S.A. Kind of Lease	Lease No. Lease No. IC-050006
Image: Second state of the second s	Lease No. Lease No. LC-050906
IRANSPORTER OIL / IRANSPORTER OIL / IRANSPORTER GAS / OPERATOR / III. 7 - 1969 I. PRORATION OFFICE III. C. C. Operator ANADARKO PRODUCTION COMPANY Address P. O. Bux 9317, Fort Worth, Texas 76107 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner Mell No. II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Federal II 9 Loco Hills Grzyburg S.A. State, Federal Graver	Lease No. IC-050006
IRANSPORTER GAS / OPERATOR / / PRORATION OFFICE III. C. C. Operator ANTIZINA, STFICE ANADARKO PRODUCTION COMPANY ANTIZINA, STFICE Address P. O. Bix 9317, Firt Wirth, Texas 76107 Recons(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner Mell No. II. DESCRIPTION OF WELL AND LEASE Vell No. Lease Name Well No. Federal II 9 Loco Hills Grayburg S.A. State, Federal STATE	Lease No. LC-050906
I. PRORATION OFFICE I. C. C. Operator ANADARKO PRODUCTION COMPANY Address P. O. Box 9317, Fort Worth, Texas 76107 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Federal II 9 Loco Hills Grayburg S.A. State, Federal of Per	Lease No. LC-050906
AMADARKO PRODUCTION COMPANY Address P. O. Box 9317, Fort Worth, Texas 76107 Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Change in Ownership Change in Ownership Change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Federal II 9 Loco Hills Grayburg S.A.	Lease No. IC-050906
Address P. O. Box 9317, Fort Worth, Texas 76107 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Federal II 9 Loco Hills Grayburg S.A.	16-050906
Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner Condensate II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Federal II 9 Loco Hills Grayburg S.A.	16-050906
New Well Change in Transporter of: Recompletion Oil Dry Gas Dry Gas Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner Condensate II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Federal II 9 Loco Hills Grayburg S.A.	12-050906
Recompletion Oil Dry Gas Dry Gas Change in Ownership Casinghead Gas Condensate from Valley Gas If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE ILease Name Well No. Pool Name, Including Formation Kind of Lease Federal II 9 Loco Hills Grayburg S.A. State, Federal or Fee	16-050906
If change of ownership give name and address of previous owner	12-050906
and address of previous owner	16-050906
II. DESCRIPTION OF WELL AND LEASE Lease Name Federal II 9 Loco Hills Grayburg S.A. State, Federal of Fee	12-050906
Lease Name Well No. Pool Name, Including Formation Kind of Lease Federal II 9 Loco Hills Grayburg S.A. State, Federal of Fee	16-050906
Location	
Unit Letter H; 1980 Feet From The N Line and 990 Feet From The E	County
Line of Section 8 Township 1.8 Range 29 , NMPM, Eddy	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this	; form is to be sent)
Texas New Mexico P. L. Company P. O. Box 1510, Midland, Texas	· · · · · · · · · · · · · · · · · · ·
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this Phillips Petroleum Company P. O. Box 6666, Odessa, Texas	
If well produces oil or liquids, Unit Sec. Twp. Ege. Is gas actually connected? When	
give location of tanks. J 8 18 29 Yes	
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)	Same Res'v. Diff. Res'v.
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	
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 SAC	
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equ	ual to or exceed top allow-
OIL WELL 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 Con	ondensate
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	
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VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMM	
I hereby certify that the rules and regulations of the Oil Conservation	, 19
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. BY	
TITLE OIL AND BAG INSPECTOR	
This form is to be filed in compliance with	ith RULE 1104.
If this is a request for allowable for a new wall, this form must be accompanied by a tabu	wly drilled or deepened ulation of the deviation
J. N. Chaifin (Sfinature) Production Records Supervisor All sections of this form must be filled out completely for allow	
(Title) able on new and recompleted wells.	
July 1, 1969 (Date) Fill out only Sections I, II, III, and VI well name or number, or transporter, or other suc	ich change of condition.
Separate Forms C-104 must be filed for completed wells.	r each pool in multiply

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