

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-110  
Effective 1-1-65

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

ANADARKO PRODUCTION COMPANY

Address

P. O. Box 9317, FORT WORTH, TEXAS 76107

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

TO ADD TRACT NUMBER TO LEASE NAME

Tract #9

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	FAR WEST LOCO HILLS SAND UNIT, TRACT #9	Well No.	14	Pool Name, Including Formation	LOCO HILLS	Kind of Lease	State, Federal or Fee	Lease No.	--
Location									
Unit Letter	F	2310	Feet From The	W	Line and	2310	Feet From The	N	
Line of Section	9	Township	18S	Range	29E	NMPM,	EDDY	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
TEXAS-NEW MEXICO P. L. Co.	Box 1510, MIDLAND, TEXAS					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
NONE						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	9	18S	29E		

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. 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					
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 allowable 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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-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.

J. N. CHAFFIN  
PRODUCTION RECORDS SUPERVISOR  
(Signature)  
(Title)

FEBRUARY 4, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 10 1969  
BY W. A. Gressett  
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 multiple completed wells.