

P. O. BOX 2088

RECEIVED

MAR 09 1983

~~O. C. D.~~

ARTESIA, OFFICE

Anadarko Production Company

Address

P. O. Drawer 130, Artesia, New Mexico 88210

Reason(s) for Filing (Check proper box)

New Well ☐
 Recompletion ☐
 Change in Ownership ☐

Change in Transporter ol:

Oil

Dry Gas ☐

Casinghead Gas ☐

Condensate ☐

Other (Please explain)

Note: This well was formerly Far West Loco Hills Sand Unit Tract 9, Well #11. Texas-New Mexico P. L. Co.-former Transport

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name J. L. Langford	Well No. 6	Pool Name, Including Formation Loco Hills-Q-G-SA	Kind of Lease 1/4/1/4/1/4/1/4 1/1 Fee	Lease No.
Location Unit Letter C : 990 Feet From The North Line and 1650 Feet From The West Line of Section 9 Township 18S Range 29E , NMPM, Eddy County				

DESIGNATION OF TRANSPORTEES 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)	
Navajo Crude Oil Purchasing Company					P. O. Box 159, Artesia, New Mexico 88210	
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)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	9	18	29	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth 2781' GL - SNOE			
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2-1-83	3-9-83	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	25#	25#	None
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
242 bbls.	42	200	TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (psia, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Area Supervisor

(Title)

March 9, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 09 1983 . 19

APPROVED BY _____

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 transfer of other such change of condition.

5. Separate Form C-104 must be filed for each pool in multiple

