Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of De-

DISTRICT II P.O. Drawer DD, Antonia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brizon Rd., Azzec, NM 87410		Santa re, New M	iexico 6/3	U4-2U00		MAR 211	QG8		
	REQUEST	FOR ALLOWA				MAR * * ·	J. 5		
I.	<u> </u>	RANSPORT OF	L AND NA	TURAL GA		API No.	 	 	
Openior Anadarko Petroleum Corporation					1	30-015-03362			
Address	····			····			 		
PO Drawer 130, A	rtesia, N	4 88211-013							
Reason(s) for Filing (Check proper box)	G	. In Taxana at	Oth	es (Please expla	in)				
New Well Recompletion		e in Transporter of:							
Change in Operator	Casinghead Gas								
If change of operator give name									
and address of previous operator II. DESCRIPTION OF WELL	ANDIFACE				•••				
Lease Name Well No. Pool Name, Include			ng Formation Kin			of Lease No.		se No.	
J. L. Langford	6	Loco Hil		B-SA	36360	Federal Fee			
Location			_	_					
Unit LetterC	:990_	Feet From The	North _{Lin}	e and16	50 F	et From The	West	Line	
Section 9 Townsh	ip 18S	Range 2	9E , N	мрм,	Ec	ldy		County	
						_			
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OIL AND NATU		e address to whi	ch approved	copy of this form i	s to be sen	1)	
Lantern Petroleu	IXXI	1 1	Address (Give address to which approved copy of this form is to be sent) PO Box 2281, Midland, TX 79702						
Name of Authorized Transporter of Casin		or Dry Gas	+			copy of this form i		·)	
None			ļ						
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge. 18S 29E	is gas actually	y connected?	When	7			
If this production is commingled with that				per:					
IV. COMPLETION DATA									
Designate Type of Completion	- (X) Oil W	/cli Gas Well	New Well	Workover	Deepen	Plug Back Sam	e Res'v	Diff Res'v	
Date Spudded	Date Compl. Read	y to Prod.	Total Depth	LJ.		P.B.T.D.		l	
-	1								
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Gas Pay			Tubing Depth			
Perforations	1		_	<u> </u>		Depth Casing Sho	De .		
		G, CASING AND)	1			
HOLE SIZE CASIN		TUBING SIZE	DEPTH SET			SACKS CEMENT		<u> </u>	
						4-7-94			
						cha	نالله	HAC	
						l			
V. TEST DATA AND REQUES OIL WELL (Test must be after t				arread ton allow	mbla for this	denth or he for ful	II 24 hours	1	
Date First New Oil Run To Tank	Date of Test	ne of load oil and must		thod (Flow, pur			1 24 HOM'S.	<u>'</u>	
				,					
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
			Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.		Matel - Bole						
GAS WELL	.l		ł			<u></u>			
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conden	nte/MMCF		Gravity of Coader	nsate		
Testing Method (pitot, back pr.)	Tubing Pressure (S	hut-in)	Casing Pressu	re (Shut-in)		Choke Size			
	<u> </u>		ļ			l			
VI. OPERATOR CERTIFIC			∥ c	DIL CONS	SERV	ATION DIV	/ISION	1	
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 test of my l			Date	Approved		IAR 1 8 199	14		
11 , 1/1/	I de			• •					
Howard He	exer	**************************************	By			R, DISTRICT	11		
Signature Howard Hackett, I	Field Fore	man	-,	SUP	ERVISO	R. Diaran			
Printed Name		Title 677-2411	Title			· · · · · · · · · · · · · · · · · · ·			
03-18-94 Date		elephone No.							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.