

OIL CONSERVATION DIVISION RECEIVED

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

JAN 25 1993

REQUEST FOR ALLOWABLE O. C. D.
AND
ARTESIA OFFICE
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO OF COPIES RECEIVED		
DISTRIBUTION		
SANITARY		<input checked="" type="checkbox"/>
FILE		<input checked="" type="checkbox"/>
U.S.U.B.		<input checked="" type="checkbox"/>
LAND OFFICE		<input checked="" type="checkbox"/>
TRANSPORTER	OIL	<input checked="" type="checkbox"/>
	GAS	<input checked="" type="checkbox"/>
OPERATOR		<input checked="" type="checkbox"/>
PRODUCTION OFFICE		
Operator		

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 of:

Oil

Casinghead Gas

X

Dry Gas ☐

Condensate ☐

Other (Please explain)

Texas-New Mexico Pipe Line Company
was former transporter.

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

DESCRIPTION OF WELL AND LEASE

Lease Name Kemper State	Well No. 1	Pool Name, Including Formation Loco Hills-Q-G-SA	Kind of Lease State, <i>T & H / G & F / H</i>	Lease No. OG-5359
Location Unit Letter E , 1650 Feet From The North Line and 990 Feet From The West Line of Section 16 Township 18S Range 29E , NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND 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)	
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.
					E	16	18	29
Is gas actually connected?					When			
No								

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

COMPLETION DATA

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

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 Tanks		Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-2-82		12-28-82	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hour	10#	10#	None	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
1	1	0	Est. 1 MCF	

GAS WELL

GAS WELL				
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

[Signature]
(Signature)
Area Supervisor
(Title)
January 24, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 31 1983 , 12
BY Original Signed By
Leslie 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 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 recompleted wells.