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	GAS	
OPERATOR		✓
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
RECEIVED AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
AUG 12 1985
O. C. D.
ARTESIA, OFFICE

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

Operator Anadarko Petroleum Corporation	
Address P. O. Box 2497, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in ownership effective:
Recompletion <input type="checkbox"/>	August 1, 1985
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Anadarko Production Company, P. O. Box 2497, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kemper State	Well No. 1	Pool Name, including Formation Loco Hills Grbg., San And.	Kind of Lease State, Federal or Fee	Lease No. OG-5359
Location Unit Letter <u>E</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u>				
Line of Section <u>16</u> Township <u>18S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> 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"/> Navajo Refining Company - Truck Div.	Address (Give address to which approved copy of this form is to be sent) 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 E	Sec. 16	Twp. 18S	Rge. 29E	Is gas actually connected? No	When

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, R&B, 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				
					Posted ID-3				
					9-6-85				
					Op. name chg.				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

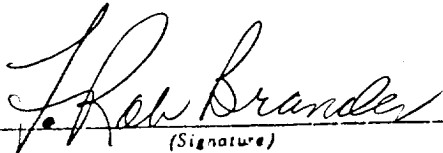
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.


(Signature)

Sr. Administrative Specialist
(Title)

July 24, 1985

(Date)

OIL CONSERVATION COMMISSION

AUG 26 1985

APPROVED _____, 19 _____

BY Les 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 completed wells.