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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	4
PRODUCTION OFFICE	

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 1-1-55

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AUG 1 1968

(51)

ARTESIA, OFFICE

I. Operator Anadarko Production Company		ARTESIA, OFFICE	
Address P. O. Box 9317, Fort Worth, Texas 76107			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:	To change location of tanks and to <del>change well name</del>	
Recompletion	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE			
Lease Name Travis	Well No. 11	Pool Name, including Formation Loco Hills	Kind of Lease xxx Federal xxx
Location		Lease No. LC 058126	
Unit Letter C	1650	Feet From The W	Line and 990
Line of Section 17		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 Pipe Line		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)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	None		
Is gas actually connected?		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)			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool	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 (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)			
Time From New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Water-Bbls.	Oil-Bbls.	Water-Bbls.	Gas-MCF
Grav. of Condensate	Length of Test	Bbls. Condensate/MMCF	Grav. of Condensate
Tubing Pressure	Casing Pressure	Choke Size	

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given herein is true and complete to the best of my knowledge and belief.		APPROVED _____, 1968	
		BY <u>W. A. Grissett</u>	
		TITLE <u>OIL AND GAS INSPECTOR</u>	

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter or owner such change of designation.  
Form C-104 must be filed for each production well.

Jimmie D. Christner  
Jimmie D. Christner  
Senior Petroleum Engineer  
August 2, 1968