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

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 1-1-66

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AUG 14 1968

O. C. C.
ARTESIA, OFFICE

Anadarko Production Company

Address

P. O. Box 9317, Fort Worth, Texas 76107

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

To change location of tanks and to
change well name

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Travis	Well No. 3	Pool Name, including Formation Loco Hills	Kind of Lease XXX, Federal XXX	Lease No. LC 058126
Location				
Unit Letter D	330	Feet From The N	Line and 990	Feet From The W
Line of Section 17	Township 18S	Range 29E	NMPM, Eddy	Country

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas New Mexico Pipe Line	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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. -----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)	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.					
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)

Date First Flow Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Oil-Bbls.	Water-Bbls.	Gas-MCF	
Amount Produced	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Tubing Pressure	Casing Pressure	Choke Size	

VI. CERTIFICATION OF COMPLIANCE

I, the undersigned, do hereby certify that the regulations of the Oil Conservation Commission have been complied with, and that the information given above is true and correct to the best of my knowledge and belief.

James D. Christner
Senior Petroleum Engineer

August 8, 1968

OIL CONSERVATION COMMISSION

APPROVED AUG 20 1968, 19

BY W. A. Gressett
TITLE OIL AND GAS ENGINEER

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 other such change of connection.