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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 1-1-65

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JUL 22 1968

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Operator ANADARKO PRODUCTION COMPANY		O.C.C. ARTESIA OFFICE	
Address P. O. Box 9317, FORT WORTH, TEXAS 76107			
Reason(s) for filing (Check proper box)		Other (Please explain) CHANGE OF OWNERSHIP	
New Well <input type="checkbox"/>	Change in Transporter of:	EFFECTIVE MAY 1, 1968 w/OPERATIONS	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	ASSUMED BY ANADARKO ON JULY 9, 1968.	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Change in Name from Travis	
	Dry Gas <input type="checkbox"/>		
	Condensate <input type="checkbox"/>		
If change of ownership give name and address of previous owner 207 S. 4th St. HARVEY E. YATES, 112 NORTH FIRST ST., ARTESIA, NEW MEXICO 88210			

Lease Name TRAVIS		Well No. 4	Pool Name, Including Formation LOCO HILLS	Kind of Lease XXX, Federal XXXX	Lease No. LC 058126
Location Unit Letter C ; 330 Feet From The N Line and 1980 Feet From The W Line of Section 17 Township 18S Range 29E , NMPM, EDDY County					

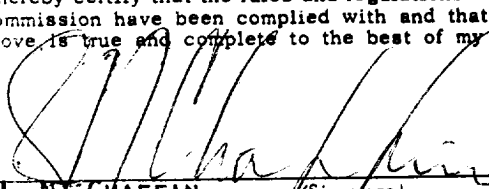
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXAS NEW MEXICO PIPE LINE		Address (Give address to which approved copy of this form is to be sent) Box 1510, MIDLAND, TEXAS 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> VALLEY GAS CORP.		Address (Give address to which approved copy of this form is to be sent) COOPER BLVD., ARTESIA, NEW MEXICO			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 17	Twp. 18S	Rge. 29E	Is gas actually connected? Yes 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.				
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									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. 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.)			
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 (pitot, 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.	
	
J. N. CHAFFIN PRODUCTION RECORDS SUPERVISOR	
(Signature)	
(Title)	
JULY 17, 1968	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED _____, 19____	
BY W. A. Gressett	
TITLE SEAL AND SIGNATURE	
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 multiply completed wells.	