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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form O-154  
Supersedes Old O-154 and O-154a  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

AUG 14 1968

(51)

Anadarko Production Company

ARTESIA, OFFICE

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

Section for filling (check proper box)

Other (Please explain)

To change location of tanks and to  
change well name

New Well

Change in Transporter oil:

Recompletion

Oil

Dry Gas

Change in Ownership

Casinghead Gas

Condensate

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name

Well No.

Pool Name, including Formation

Kind of Lease

Lease No.

Travis

4

Loco Hills

XXXX Federal XXXX

LC 058126

Location

Unit Letter C Feet From The N Line and 1980 Feet From The W

Sec. 17 Township 18S Range 29E NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

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 ☐ or Dry Gas ☐

Address (Give address to which approved copy of this form is to be sent)

Is gas actually connected?  
When

Unit C Sec. 17 Twp 18S Range 29E

None

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'ty. Diff. Res'ty.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.S.T.D.

Pool

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

PIPE 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 Last Flow Oil Run To Tanks

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Tubing Pressure

Casing Pressure

Choke Size

Water-Ubbl.

Choke Size

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Tubing Pressure

Casing Pressure

Choke Size

VI. CERTIFICATION OF COMPLIANCE

I, the undersigned, certify that the information given herein is true and correct to the best of my knowledge and belief.

Jimmie D. Christner  
Senior Petroleum Engineer

August 8, 1968

OIL CONSERVATION COMMISSION

AUG 23 1968

APPROVED

BY

W. A. Gressett  
OIL AND GAS INSPECTOR

TITLE

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 information.