

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Superseding Old C-104 and C-110
Effective 1-1-65

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O. C. D.

ARTESIA, OFFICE

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SANTA FE	<input checked="" type="checkbox"/>	
FILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL <input checked="" type="checkbox"/>	
	GAS <input checked="" type="checkbox"/>	
OPERATOR	<input checked="" type="checkbox"/>	
PRODUCTION OFFICE		

I. Operator

Anadarko Production Company

Address

Box 67, Loco Hills, New Mexico 88255

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)

Change to be effective 12-1-81

Former Transporter - Basin, Inc.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Alscott Federal	1	Loco Hills Queen Grayburg SA	3000 Federal 3000	NM 0924
Location				
Unit Letter	K	1980	Feet From The	South
		Line and	3300	Feet From The
		East		
Line of Section	19	Township	18S	Range
		29E	NMPM,	Rddy
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)			
Navajo - Crude Oil Purchasing Co.	P.O. Box 159, Artesia, New Mexico 88210			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Phillips Petroleum Company	P.O. Box 6666, Odessa Texas 79760			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	N	19	18S	29E
Is gas actually connected?		When		
Yes				

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't.	Diff. Res't.
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

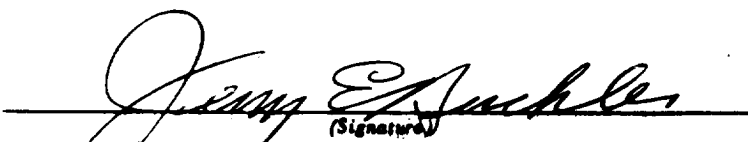
Posted
10-3
10-4-81
chg to NCO

GAS WELL

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

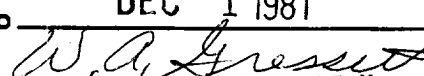
VI. CERTIFICATE OF COMPLIANCE

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.


Area Supervisor
(Title)
November 23, 1981
(Date)

OIL CONSERVATION COMMISSION

DEC 1 1981

APPROVED _____ 19
BY 
SUPERVISOR, DISTRICT II
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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.