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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Supersedes Old C-104 and C-110 Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED JUL 2 2 1968 Operator C. C. C. ANADARKO PRODUCTION COMPANY Address 76107 P. O. Box 9317, Fort Worth, Texas Reason(s) for filing (Check proper box) Other (Please explain) Change of ownership effective May 1, Change in Transporter of: New Well 1968 W/ OPERATIONS ASSUMED BY ANADARKO Dry Gas Recompletion Oil ON JULY 9, 1968 Change in Ownership \overline{X} Casinghead Gas Condensate 112 n. 1 st St., ARTESIA, NEW MEXICO 207 88210 If change of ownership give name and address of previous owner ____ HARVEY E. YATES, II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease Legse No. NM 0924A XXXXX Federal XXXXXX Loco HILLS GARRETT 4620 N Feet From The D Feet From The Line and 185 29E EDDY County , NMPM. 30 Range Line of Section Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) PERMIAN CORPORATION Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas _ Is gas actually connected? When Twp. P.ge. Sec. Unit If well produces oil or liquids, give location of tanks. D ! 30 18s : 29E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v Deepen Plug Back Gas Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Length of Test Tubing Pressure Ggs - MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED 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. 146 TITLE .

J. N. CHAFFIN (Signatu PRODUCTION RECORDS SUPERVISOR (Title)

JULY 17, 1968

Date

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.