STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

| | | |
|---|---|---|
| **DISTRIBUTION** | | |
| SANTA FE | | T |
| FILE | | T |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | T |
| | GAS | |
| OPERATOR | | T |
| PRORATION OFFICE | | |

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

**RECEIVED**

APR 30 1982

O. C. D.
ARTESIA, OFFICE

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator

Anadarko Production Company

Address

P. O. 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 ☒    Dry Gas ☐
Casinghead Gas ☐    Condensate ☐

Other (Please explain)

**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. |
|---|---|---|---|---|
| Garrett | 1 | Loco Hills-Queen-GSA | /State, Federal of/ FEE / | NM 0924A |

Location

Unit Letter __D__  __660__ Feet From The __North__ Line and __4620__ Feet From The __East__

Line of Section __30__  Township __18S__  Range __29E__ , NMPM,  __Eddy__  County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil **XX**  or Condensate ☐

**Navajo Crude Oil Purchasing Co.**

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

P. O. Box 159, Artesia, New Mexico  88210

Name of Authorized Transporter of Casinghead Gas ☐  or Dry Gas ☐

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

| | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| If well produces oil or liquids, give location of tanks. | D | 30 | 18S | 29E | No | |

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. | | |
| 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

(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)

### OIL WELL

| 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 ID-3*
*Change LT transporter*
*5-7-3x*

### 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

_____
(Signature)

__Area Supervisor__
(Title)

__April 28, 1982__
(Date)

OIL CONSERVATION DIVISION

MAY - 3 1982

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 ownership, well name or number, of transporter, or for each change of condition. Separate Forms C-104 must be filed for each pool in multiple...