

OIL CONSERVATION DIVISION RECEIVED  
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NOV 24 1982

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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA, OFFICE

Operator  
Anadarko Production Company  
Address  
P. O. Drawer 130, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Name Change - Formerly Far West Loco Hills
Recompletion <input type="checkbox"/>	Sand Unit Tract 8, Well #31
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name H. G. Watson	Well No. 5 Pool Name, including Formation Loco Hills-Queen-Grayburg-SA	Kind of Lease 44.4444 Fee
Location Unit Letter K : 2310 Feet From The South Line and 1980 Feet From The West		
Line of Section 4 Township 18S Range 29E, NMPM, Eddy County		

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 <input type="checkbox"/> or Condensate <input type="checkbox"/>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

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

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-Bble.	Water-Bble.	Gas-MCF

Post ID-3  
12-3-82  
Will name chg.

GAS WELL		Bble. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (Shut-in)	Choke Size
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)		

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.

Charles E. Copeland  
(Signature)  
Field Foreman  
(Title)  
November 23, 1982  
(Date)

OIL CONSERVATION DIVISION NOV 30 1982	
APPROVED	
BY	Mike Williams
TITLE	OIL AND GAS INSPECTOR
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 filled for each pool in multiply completed wells.	