

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504 2088

RECEIVED

AUG 27 1993

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|--|----------------------------|
| I. Operator Anadarko Petroleum Corporation | | Well API No. 3001522825 |
| Address PO Drawer 130, Artesia, NM 88211-0130 | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Precompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> | | |
| If change of operator give name and address of previous operator | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|----------------------|
| Lease Name Exxon State | Well No. 1 | Pool Name, Including Formation N. Illinois Camp Morrow | Kind of Lease State, EXXON | Lease No. B-11535 |
| Location Unit Letter <u>K</u> : <u>1900</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>9</u> Township <u>18S</u> Range <u>28E</u> , NMIM, <u>Eddy</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|--|-------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Amoco Pipeline Co. | Address (Give address to which approved copy of this form is to be sent) 502 N. West Ave., Levelland, TX 79336-3914 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> GPM Gas Corporation | Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79760 | |
| If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>9</u> Twp. <u>18S</u> Rge. <u>28E</u> | Is gas actually connected? Yes | When? 07-12-90 |

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) <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Recv <input type="checkbox"/> Diff Recv | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.D. I.D. |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | Depth Casing Shoe |
| Perforations | | | | |

TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------------------------|
| | | | Port 10-3 9-3-93 dyt-HOC |

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 Tank | 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 |

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. OPERATOR 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 Jerry E. Buckles
Printed Name Jerry E. Buckles, Area Supervisor
Date 08-25-93 Telephone No. (505) 677-2411

OIL CONSERVATION DIVISION

Date Approved AUG 30 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.