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

AUG 12 1985

O. C. D.
ARTESIA, OFFICE

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-85

Operator
Anadarko Petroleum Corporation

Address
P. O. Box 2497 Midland, Texas 79702

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
Change in Ownership Effective:
AUG 1 1985

If change of ownership give name and address of previous owner: **Anadarko Production Company, P. O. Box 2497, Midland, Texas 79702**

II. DESCRIPTION OF WELL AND LEASE

Lessee Name State "AC" Com	Well No. 1	Pool Name, Including Formation Turkey Track Morrow, No. (Gas)	Kind of Lease State, Federal or Fee State	Lease No. LG 4215
Location Unit Letter H ; 2310 Feet From The North Line and 660 Feet From The East Line of Section 35 Township 18S Range 28E , NMPM, Eddy 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"/> United Peoples Gas, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 108, Shreveport, Louisiana 71161
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1320, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks. Unit H Sec. 35 Twp. 18S Rge. 28E	Is gas actually connected? Yes When NA

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, CR, 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 Posted ID-3 9-6-85 Op. name chg.			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

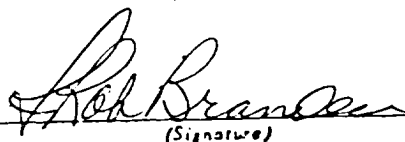
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

I. 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.


(Signature)

Sr. Administrative Specialist

(Title)

July 24, 1985

(Date)

OIL CONSERVATION COMMISSION

AUG 26 1985

APPROVED _____, 19 _____

Original Signed By
BY **Les A. Clements**

TITLE **Supervisor District II**

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