

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED  
AUG 27 1993

LIST  
WT  
DP

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|   |  |                                 |
|---|--|---------------------------------|
| I. Operator<br>Anadarko Petroleum Corporation   |  | Well Affiliations<br>3001523503 |
| Address<br>PO Drawer 130, Artesia, NM 88211-0130  |  |                                 |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) |  |                                 |
| Flow Well <input type="checkbox"/>  | Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>    |                                 |
| Recompletion <input type="checkbox"/>   | Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> |                                 |
| Change in Operator <input type="checkbox"/>   |  |                                 |
| If change of operator give name and address of previous operator                        |  |                                 |

II. DESCRIPTION OF WELL AND LEASE

|   |               |   |   |                      |
|---|---------------|---|---|----------------------|
| Lease Name<br>Exxon "A" State Com   | Well No.<br>1 | Pool Name, Including Formation<br>N. Illinois Camp Morrow | Kind of Lease<br>State, <del>FEEDBACK</del> | Lease No.<br>B-11540 |
| Location<br>Unit Letter H : 2310 Feet From The North Line and 990 Feet From The East Line<br>Section 16 Township 18S Range 28E, NMIM, 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"/><br>Amoco Pipeline Co.          | Address (Give address to which approved copy of this form is to be sent)<br>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"/><br>GPM Gas Corporation | Address (Give address to which approved copy of this form is to be sent)<br>4001 Penbrook, Odessa, TX 79760            |      |
| If well produces oil or liquids, give location of tanks.  | Unit   | Sec. |
|   | Twp.   | Rge. |
|   |  |      |

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 Recv | Diff Recv |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.O.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<br>Part ID-3<br>9-3-93<br>chg WT/KOC |
|           |                      |           |   |
|           |                      |           |   |

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/MKCF     | 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, Area Supervisor  
Printed Name  
08-25-93 (505) 677-2411  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 27 1993

By  
ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

Title

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.