

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

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

RECEIVED

JUL 21 1981

I.

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SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	
PRORATION OFFICE	

Operator  
**Anadarko Production Company**

Address  
**P. O. Box 67, Loco Hills, New Mexico 88255**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	
		Dry Gas	
		Condensate	

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.
<b>Ballard GB SA Unit Tr. 26</b>	<b>3</b>	<b>Loco Hills-Queen-Grayburg-SA</b>	<b>444/Federal 444/1</b>	
Location				
Unit Letter	<b>M</b>	<b>700</b>	Feet From The	<b>South</b>
			Line and	<b>430</b>
			Feet From The	<b>West</b>
Line of Section	<b>4</b>	Township	<b>18S</b>	Range
			<b>29E</b>	, NMPM,
				<b>Eddy</b>
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Texas-New Mexico Pipe Line Company</b>	<b>P. O. Box 1510, Midland, Texas 79701</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Phillips Petroleum Company</b>	<b>P. O. Box 6666, Odessa, Texas 79760</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<b>E</b>	<b>8</b>	<b>18S</b>	<b>29E</b>	<b>Yes</b>	<b>6-15-81</b>

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.	Diff. Res.
	<b>X</b>		<b>X</b>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<b>4-17-71</b>	<b>6-15-81</b>	<b>2900'</b>	<b>2885'</b>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<b>3524.9' GL</b>	<b>Grayburg</b>	<b>2582'</b>						
Perforations	Depth Casing Shoe							
<b>Metex: 2582-86, 2592-98, 2614-17, 2630-34, 2665-68, 2716-22 &amp; 2753-60</b>	<b>2899' KB</b>							
<b>Premier: 2773-76, 2780-89, 2792-94, 2803-06 &amp; 2809-12 Total 53 - .31" Holes</b>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12-1/4"</b>	<b>8-5/8"</b>	<b>373' KB</b>	<b>250 sx + Redmix to Surf.</b>					
<b>7-7/8"</b>	<b>4-1/2"</b>	<b>2899' KB</b>	<b>810 sx - Circulated</b>					

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<b>6-17-81</b>	<b>6-26-81</b>	<b>Flowing</b>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<b>24 hours</b>		<b>100#</b>	<b>48/64" &amp; Comp. Bore</b>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<b>433 bbls.</b>	<b>34</b>	<b>399</b>	<b>4.3</b>

7-24-81

GAS WELL

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

Area Supervisor

(Title)

July 9, 1981

(Date)

OIL CONSERVATION COMMISSION

JUL 21 1981

APPROVED

BY

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.