

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

JUL 25 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.B.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

O. C. D.

ARTESIA, OFFICE

Anadarko Production Company

Address

P. O. Drawer 130, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Ballard Gb-SA Unit Tr. 10	7	Loco Hills-Queen-Gb-SA	State, Federal other	LC058581

Location

Unit Letter D : 330 Feet From The North Line and 990 Feet From The WestLine of Section 4 Township 18S Range 29E , NMPM, Eddy County

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)
Texas-New Mexico Pipeline Company	P. O. Box 1510, Midland, Texas 79701
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)
Phillips Petroleum Company	P. O. Box 6666, Odessa, Texas 79760
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	E 8 18S 29 E Yes 7-14-82

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4-21-82	7-14-82	2882'	2852'					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3542.3 GL	Grayburg	2609'	2821' SNOE					
Perforations			Depth Casing Shoe					
GRAYBURG - Metex: 2609-2745; Premier: 2753-2813								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/8"	8-5/8"	350' KB	125 sx + Readymix to surf
7-7/8"	5-1/2"	2881'	1700 sx Circulated

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)

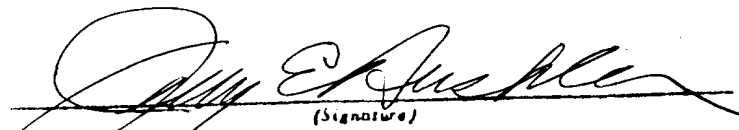
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-16-82	7-20-82	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours	75#	75#	None
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
225 Bbls.	63	162 BLW	5.8

GAS WELL

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

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)
Area Supervisor
(Title)
7-22-82
(Date)

OIL CONSERVATION DIVISION
JUL 28 1982APPROVED _____, 19____
BY Thane Walker
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 filed for each pool in multiply completed wells.

DEVIATION SURVEYS
ANADARKO PRODUCTION COMPANY

BGSA UNIT WELLS 10-7 ✓
330'FNL, 990'FWL, Sect. 4, T-18-S, R-29E
Eddy County, New Mexico

RECEIVED

JUL 26 1982

DEPTH
(FEET)

DEVIATION
(DEGREES)

O. C. D.
ARTESIA, OFFICE

912
1411
1908
2403
2882

1 1/4
1 1/4
1 1/4
1 1/4
1 1/4

WARTON DRILLING COMPANY

B. E. Burton
B.E. Burton, President

SUBSCRIBED AND SWORN TO before me this 3rd day of May,
A.D. 1982.

Chyree A. Bright
Chyree A. Bright, Notary Public
in and for the State of Texas