

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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OPERATOR	
OPERATION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Anadarko Production Company
Address
P. O. Drawer 130, Artesia, New Mexico 88210
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 Transporter: Effective 10-1-83
Former Transporter: The Permian Corp.
change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE
Lease Name
Travis "D" Federal
Well No. 19
Pool Name, including Formation
Loco Hills-Queen-Grayburg-SA
Kind of Lease
State Federal ☒ ~~Oil~~
Lease No.
NM-23417
Location
Unit Letter K : 1880 Feet From The South Line and 1980 Feet From The West
Line of Section 17 Township 18S Range 29E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
J M Petroleum Corporation
Address (Give address to which approved copy of this form is to be sent)
2000N. Tower Plaza of the Americas, Dallas, Tx 75201
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Pet. Corp.
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 6666, Odessa, TX 79760
Is gas actually connected? ☒ When 7/27/82
Unit Sec. Twp. Rge.
H 17 18S 29E

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 ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐
Date Spudded
Date Compl. Ready to Prod.
Total Depth
P.B.T.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

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.)
Length of Test
Tubing Pressure
Casing Pressure
Choke Size
Actual Prod. During Test
Oil-Bble.
Water-Bble.
Gas-MCF

GAS WELL
Actual Prod. Test-MCF/D
Length of Test
Bble. Condensate/MMCF
Gravity of Condensate
Testing Method (prot, 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.
Area Supervisor
September 23, 1983
OIL CONSERVATION DIVISION
APPROVED SEP 26 1983
BY Original Signed By
Leslie A. Clements
Supervisor District II
TITLE
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 filled for each pool in multiply recompleted wells.