Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico nergy, Minerals and Natural Resources Depai

RECEIVED

See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

חבר את ישח

DISTRICT III Santa Fe, New Mexico 87504-2088 UEU 20 90										
1000 Rio Brazos Rd., Aztec, NM 87410			R ALLOWA				O, Ç, D.			
I. TO TRANSPORT OIL AND NATURAL GAS							ARTESIA, OFFICE Well API No.			
Anadarko Petroleur	Well			30-015-24160						
Address P.O. Drawer 130, A	Artesia	, New	Mexico	88211-	-0130			F		
Reason(s) for Filing (Check proper box)				X Oth	er (Please expl	lain)				
New Well	Ci Oil		ransporter of: Ory Gas	-	-Change		ansporte			
Change in Operator	Casinghead C		Condensate			oil (Effectiv	e 01/	01/91)	
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEAS	E		·····						
Lease Name Well No. Pool Name, Includ Travis "D" Federal 19 Loco Hil							of Lease No. Federal XXXXVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV			
Location		-7 .	1000 1111		all Allai	Les		INIM.	-23417	
Unit Letter K	: 188	<u>80</u> F	eet From The	South	e and19	980F	eet From The	West	Line	
Section 17 Township 18S Range 29E , NMPM, Eddy Co									County	
III DESIGNATION OF TRAN	CDODTED	OF OIL	AND NATE	DAI CAC						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)									
Navajo Refining Com	P.O. Drawer 159, Artesia, NM 88210									
Name of Authorized Transporter of Casinghead Gas Phillips 66 Natural Gas							l <i>copy of this form</i> ssa , TX	copy of this form is to be sent) SSA, TX 79762		
If well produces oil or liquids, Unit Sec. Twp. Rge.				is gas actually		When				
give location of tanks.	Yes July 1982									
If this production is commingled with that t IV. COMPLETION DATA	rom any other i	ease or poo	ol, give commingi	ing order numb	er:					
Designate Type of Completion	- (X)	Dil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compl. R	leady to Pr	_L rod.	Total Depth		J	P.B.T.D.		J.,	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing S	hoe		
	TUE	BING, C	ASING AND	CEMENTIN	NG RECOR	D				
HOLE SIZE	CASIN	G & TUBI	NG SIZE	DEPTH SET			SACKS CEMENT			
· ,							B-385100			
				3			Tant			
V. TEST DATA AND REQUES				<u> </u>						
OIL WELL (Test must be after re				be equal to or	exceed top allo	wable for this	depth or be for j	full 24 hour	3.)	
Date First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pw	mp, gas lift, e	tc.)			
ength of Test Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
7,000 D 00111g 1001	Oli - Bois.				.,					
GAS WELL										
Actual Prod. Test - MCF/D Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI OPERATOR CERTIFICA	ATE OF C	OMPL I	IANCE				1			
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date Approved DEC 2 6 1990						
				Date Approved DEC 2 6 1990						
Simula June Stuckle				ORIGINAL SIGNED BY By MIKE WILLIAMS						
Signature Jerry E Buckles	Area		rvisor	-,	11111	TELLIMINIS (ISOR, D):	STRICT I			
Printed Name December 18, 1990	(50	Ti (5) 74	մe 8-3368	Title_					··· =- ··· -	
Date		Telepho								

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.
- 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.