

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104

RECEIVED TO: 7/27/83

AUG 04 1983

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATOR	
PRODUCTION OFFICE	

I. **Operator**
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Travis "D" Federal	Well No. 20	Pool Name, Including Formation Loco Hills-Queen-GB-SA	Kind of Lease Split, Federal 4/4/1	Lease No. NM-541
Location Unit Letter <u>H</u> : 1980 Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>18S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> Coun				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 6666, Odessa, Texas 79760
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>17</u> Twp. <u>18S</u> Rge. <u>29E</u>	Is gas actually connected? <u>Yes</u> When <u>7-13-83</u>

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'v.	Diff. Res.
<u>X</u>	<u>X</u>		<u>X</u>					
Date Spudded <u>6-12-83</u>	Date Compl. Ready to Prod. <u>7-15-83</u>	Total Depth <u>2800'</u>		P.B.T.D. <u>2795'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3531.0' GL</u>	Name of Producing Formation <u>Grayburg</u>	Top Oil/Gas Pay <u>2462'</u>		Tubing Depth <u>2673' SNOE</u>				
Perforations Metex: <u>2462-66, 2481-85 & 2496-2500 @ 1 SPF (12 holes with .45" diam)</u>		Depth Casing Shoe <u>2801' KB</u>						
Premier: <u>2570-74, 2593-97, 2637-41, 2646-50 & 2664-68 @ 1 SPF (20 holes/.45" diam)</u>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>12-1/4"</u>	<u>8-5/8"</u>	<u>360' KB</u>		<u>350 sx + Readymix</u>				
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>2801' KB</u>		<u>950 sx - circulated</u>				
	<u>2-7/8"</u>	<u>2673' SNOE</u>						

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 <u>7-16-83</u>	Date of Test <u>7-21-83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>40#</u>	Casing Pressure <u>40#</u>	Choke Size <u>None</u>
Actual Prod. During Test <u>175</u>	Oil-Bbls. <u>54</u>	Water-Bbls. <u>121</u>	Gas-MCF <u>16</u>

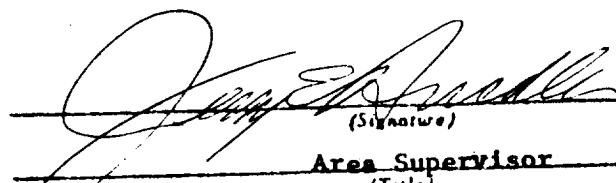
Post ID-2
8-12-83
Camp + BK

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

VI. 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)
August 2, 1983
(Date)

OIL CONSERVATION DIVISION

AUG 09 1983

APPROVED _____, 19____
Original Signed By
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 deep well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a well on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

Separate Form C-104 must be filed for each pool in pool