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

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104 Revised 1-1-89 See Instructions at Bottom of Pa

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

OIL CONSERVATION DIVISION P.O. Box 2088

DEC 20 '90

Santa Fe, New Mexico 87504-2088

Laste Name New Mexico State "AF" Well No. Pool Name, lackading Formation New Mexico State "AF" Well No. Pool Name, lackading Formation New Mexico State "AF" Well No. Pool Name, lackading Formation Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line Section 1 Township 18S Range 28E NMFM, Eddy County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condennate Div. Nava jo Refining Company—Trucking Div. Nava jo Refining Company—Trucking Div. Nava jo Refining Company—Trucking Div. None If well produces oil or liquide, but Sec. Twp. Ran. If well produces oil or liquide, but is sec. Twp. Ran. If this production is commingiled with that from any other lease or pool, give commingileg order number: IV. COMPLETION DATA Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Flug Back Same Rerv Diff Rerv Diff Spekdod Dase Compl. Ready to Prod. Total Depth P. D.	1000 Rio Brazos Rd., Aztec, NM 87410	REQU	JEST F	OR A	LLOWA	BLE AND	AUTHOR	IZATIO	NC	ARTESIA, O			
Anadarko Petroleum Corporation P.O. Drawer 130, Artesia, New Mexico Change in Drawer 150 Change in Operator Oil (Effective 01/01/91) Change in Operator of Change in Operator of Change in Drawer 150 Change in Operator Oil (Effective 01/01/91) Change of Operator give name and address of previous operator Oil (Effective 01/01/91) Description Of Well AND LEASE Lease Name New Mexico State "AP" VI LOCO HILLIS Queen—GB-SA Sass, Medinifor Grawer 150 Section 1 Ionaship 18S Range 28E NAMM Lease of Anadorized Transporter of Oil (K) Section 1 Ionaship 18S Range 28E NAMM Lease Of Pet From The East Use Eddy Commy HIL DESCRIPTION OF TANNEORTED OF OIL AND NATURAL CAS Section 1 Ionaship 18S Range 28E NAMM Lease of Anadorized Transporter of Oil (K) Section 1 Ionaship 18S Range 28E NAMM Read of Anadorized Transporter of Case (Comment of Comment of Co	I. TO TRANSPORT OIL												
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Unit Letter		"AF"	1	Lroc	O HIL	rs Quee	n-GB-S	A ,			E	-1043	
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Name of Authorized Transporter of Oil Oracle	Section 1 Township	, 189	5	Range	2	8E , N	мрм,				Edd	Y Count	y
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Date Telephone No.		(505)7	48-3	3368	Title	SUPERV	<u>/13048, </u>	DIS	IRICT I			
			Tele	phone N	l o.								

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.
- 2) 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.

1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR PROPATION OFFICE Operator Anadarko Petroleum Co Address P. O. Box 2497 Reuson(s) for filing (Check proper box) New Well Recompletion Change in Ownership X	AUTHORIZATION	TO TRA REC AUG	12 1985 C. D. SIA, OFFICE Change	O NATURAL O	Effective 1-1	Pid C-104 and C-1		
11.	DESCRIPTION OF WELL AND I Lease Name New Mexico State "AF" Location	1 Graybur	including Fo	on Queen, SA	Kind of Leas State, Federa	e	19702 Lease No. E-1645		
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil JM Petroleum Corporation Name of Authorized Transporter of Cas. None If well produces oil or liquids, give location of tanks.	ER OF OIL AND NATI or Condensate inghead Gas or Dry G	Range 28 URAL GA as P.ge 28E	S Address (Give address 2000 North To Dallas, Texas Address (Give address Address (Give address No	PM, Eddy ss to which appro wer, Plaza 75201 ss to which appro	oved copy of this form is of the Americ oved copy of this form is	as		
IV.	If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.,	Gas Well	New Well Workove Total Depth Top O!l/Gas Pay		Plug Back Same R	P.B.T.D.			
	Perforations HOLE SIZE	TUBING, CA CASING & TUBING		CEMENTING REC		SACKS CI Pasted I 9-6-8 Og. name	D-3		
v.	TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks Length of Test	DR ALLOWABLE (Tes able Date of Test	t must be a) for this de	fter recovery of total v pth or be for full 24 h Preducing Method (F	ours)	and must be equal to o ifi, etc.) Choke Size	r exceed top allow		
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V1.	CERTIFICATE OF COMPLIANCE I hereby certify that the rules and r Commission have been complied w above is true and complete to the	servation	OIL CONSERVATION COMMISSION APPROVED AUG 26 1985 . 19						
	Senior Administrative	Specialist 35/85	If this is a request for showants as tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation well, this form must be filled out completely for allowable on new and recompleted walls. 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 Sepaints Forms C-104 must be filled for each pool in multiple condition wells.						