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

## State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 **OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DEC 15 1993

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DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Anadarko Petroleum Corporation U 30-015-25086 PO Drawer 130, Artesia, NM 88211-0130 Reason(s) for Filing (Check proper box) X Other (Please explain) П New Well Change in Transporter of: Re-activation of TA Well X Dry Gas Recompletion Casinghead Gas Condensate X Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE FedLesse No. Kind of Lease Well No. Pool Name, Including Formation S. Empire Morrow Gas NM-54184 Federal 11 Location 2110 Feet From The West Feet From The North Line and 1650 Unit Letter \_ Line Eddy 18S 28E 11 Township Range , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil Navajo Refining Co. Trucking Division PO Box 159, Artesia, NM 88211 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas  $\square$ 10 W.W. Frank Phillips Bldg, Bartlesville, OK **GPM** Sec. If well produces oil or liquids, give location of tanks. Unit Twp. Rge. When? 74004 Is gas actually connected? 12-20-93 F | 11 18S 28E No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v Diff Reg'v Oil Well Gas Well Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation **Tubing Depth** Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE **CASING & TUBING SIZE DEPTH SET** TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and nust be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Length of Test Casing Pressure Tubing Pressure Gas- MCF Actual Prod. During Test Water - Rhis **GAS WELL** Actual Prod. Test - MCF/D Gravity of Condensate Bbls. Condensate/MMCF Length of Test 60 @ 62° F 24 hrs ⅓ bbl 569 MCF/D Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Choke Size esting Method (pitot, back pr.) 19/64 938# 0# Back pressure VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above DEC 2 9 1993 is true and complete to the best of my knowledge and belief Date Approved \_ SUPERVISOR, DISTRICT II By\_ Signature Howard Hackett, Field Foreman Printed Name Title Title \_\_\_ (505) 677-2411 12-14-93

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.

Telephone No

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.