

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

Energy, Minerals and Natural Resources Department

Form C-104
Revised 11-89
See Instructions
at Bottom of Page

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

OIL CONSERVATION DIVISION

RECEIVED

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

AUG 27 1993

C/S F
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OP

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Anadarko Petroleum Corporation ✓ Well API No. 3001525612
Address PO Drawer 130, Artesia, NM 88211-0130
Reason(s) for Filing (Check proper box) Other (Please explain) _____
New Well Change in Transporter of: Oil Dry Gas
Recompletion Casinghead Gas Condensate
Change in Operator
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name Wilmar Federal Well No. 1 Pool Name, including Formation N. Shugart-Bone Springs Kind of Lease State, Federal or Fee Lease No. LC029389B
Location Unit Letter I : 2130 Feet From The South Line and 710 Feet From The East Line
Section 4 Township 18S Range 31E, NMIM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate Amoco Pipeline Co. Address (Give address to which approved copy of this form is to be sent) 502 N. West Ave., Levelland, TX 79336-3914
Name of Authorized Transporter of Casinghead Gas or Dry Gas Conoco, Inc. Address (Give address to which approved copy of this form is to be sent) Box 1959, Midland, TX 79702
If well produces oil or liquids, give location of tanks. Unit K Sec. 4 Twp. 18S Rge. 31E Is gas actually connected? Yes When? 09-23-86

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Rev Diff Rev
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.L.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
			Post ID-3 9-3-93 cky NT NCC

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 Tank _____ Date of Test _____ Producing Method (Flow, pump, gas lift, etc.) _____
Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____
Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____ Gas MCF _____

GAS WELL
Actual Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate/MKCF _____ Gravity of Condensate _____
Testing Method (pilot, back pr.) _____ Tubing Pressure (Shut in) _____ Casing Pressure (Shut in) _____ Choke Size _____

VI. OPERATOR 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.
Jerry E. Buckles
Signature _____
Printed Name Jerry E. Buckles, Area Supervisor Title _____
Date 08-25-93 Telephone No. (505) 677-2411

OIL CONSERVATION DIVISION
Date Approved SEP 1 1993
By Mike Williams
Title SUPERVISOR, DISTRICT II

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.