

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

SEP - 7 1993

Revised 1-1-83
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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Anadarko Petroleum Corporation Well API No. 3001525618
Address PO Drawer 130, Artesia, NM 88211-0130 ☐ Other (Please explain)
Reason(s) for Filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Wilmar Federal</u>	Well No. <u>4</u>	Pool Name, including Formation <u>N. Shugart-Bone Springs</u>	Kind of Lease <u>XXX Federal XXX</u>	Lease No. <u>LC029389B</u>
Location Unit Letter <u>C</u> : <u>990</u> Feet From The North Line and <u>2310</u> Feet From The West Line Section <u>4</u> Township <u>18S</u> Range <u>31E</u> , NMIM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Amoco Pipeline ICT</u>	Address (Give address to which approved copy of this form is to be sent) <u>502 N. West Ave., Levelland, TX 79336-3914</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1959, Midland, TX 79702</u>	
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>4</u> Twp. <u>18S</u> Rge. <u>31E</u>	Is gas actually connected? <u>Yes</u>	When? <u>04-14-88</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) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Resv <input type="checkbox"/> Kill Presv <input type="checkbox"/>	Date Spudded _____	Date Compl. Ready to Prod. _____	Total Depth _____	P.B.T.D. _____
Elevations (DF, RKB, RT, GR, etc.) _____	Name of Producing Formation _____	Top Oil/Gas Pay _____	Tubing Depth _____	Depth Casing Shoe _____
Perforations _____				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of lost 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/MCF _____	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.

Signature Jerry E. Buckles
Printed Name Jerry E. Buckles, Area Supervisor
Date 09-03-93 Telephone No. (505) 677-2411

OIL CONSERVATION DIVISION

Date Approved SEP - 8 1993

By ORIGINAL SIGNED 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.