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| TRANSPORTER            | OIL | ✓ |
|                        | GAS |   |
| OPERATOR               |     | ✓ |
| PRORATION OFFICE       |     |   |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

NOV 24 1981

I. Operator  
**Anadarko Production Company**  
Address  
**Box 67, Loco Hills, New Mexico 88255**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
**Change to be effective 12-1-81**  
**Former Transporter - Basin, Inc.**

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Continental State** Well No. **6Y** Pool Name, Including Formation **Turkey Track 7 Rivers Queen GB** Kind of Lease **Leasehold**  
Location **Box 67, Loco Hills, New Mexico 88255** State, **N.M.** **B-8096**  
Unit Letter **0** **330'** Feet From The **South** Line and **1650'** Feet From The **East**  
Line of Section **9** Township **19S** Range **29E**, NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Navajo - Crude Oil Purchasing Co.** Address (Give address to which approved copy of this form is to be sent)  
**P. O. Box 159, Artesia, New Mexico 88210**  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
Address (Give address to which approved copy of this form is to be sent)  
If well produces oil or liquids, give location of tanks. Unit **D** Sec. **15** Twp. **19S** Rge. **29E** Is gas actually connected? **No** When

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 Resv. | Diff. Resv. |
| 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 |          |        |           |            |             |
| Perforations                         | Depth Casing Shoe           |                 |              |          |        |           |            |             |
| 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 load oil and must be equal to or greater than allowable for this depth or be for full 24 hours)

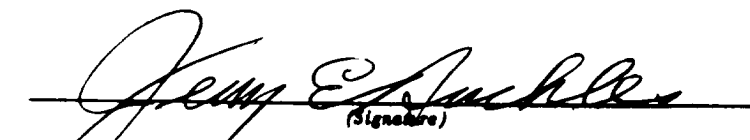
|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

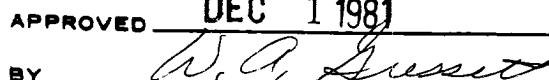
GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
Area Supervisor  
(Title)  
November 23, 1981  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED **DEC 1 1981**  
BY   
TITLE **SUPERVISOR, DISTRICT II**

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
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.