

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-69
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O. C. D.
ARTESIA, OFFICE

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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. **1** Pool Name, including Formation **Turkey Track 7 Rivers Queen** Kind of Lease **Leasehold** Lease No. **B-8096**

Location
Unit Letter **A** **740'** Feet From The **North** Line and **1205'** Feet From The **East**
Line of Section **10** 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 **B** Sec. **10** Twp. **19S** Rge. **29E** Is gas actually connected? **No** When _____

IV. COMPLETION DATA

Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res't. ☐ Diff. Res't.

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 exceed top 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 **W. C. Gressett**
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.