

ARTESIA, OFFICE

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Form C-104  
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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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	GAS		
OPERATOR		✓	
PRODUCTION OFFICE			

~~OIL CONSERVATION DIVISION~~

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**L.**

Operator		Anadarko Petroleum Corporation ✓		
Address		P. O. Drawer 130, Artesia, New Mexico 88210		
Reason(s) for filing (Check proper box)		Other (Please explain)		
<input type="checkbox"/> New Well	Change in Transporter of:	Tank Battery approved for off-lease storage.		
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil			<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas			<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Continental State</b>	Well No. <b>5</b>	Pool Name, including Formation <b>Turkey Track-SR-Qn-Gb-SA</b>	Kind of Lease State, <i>7/24/41 6/1/46/</i>	Lease No. <b>B-8096</b>
Location Unit Letter <b>M</b> ; <b>330</b> Feet From The <b>South</b> Line and <b>330</b> Feet From The <b>West</b> Line of Section <b>10</b> Township <b>19S</b> Range <b>29E</b> , NMPM, <b>Eddy</b> 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"/>					Address (Give address to which approved copy of this form is to be sent)	
Navajo Refining Company					P. O. Box 159, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>					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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	9	19S	29E		

If this production is commingled with that from any other lease or pool, give commingling order number:

**NOTE:** Complete Parts IV and V on reverse side if necessary.

## VI. 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 is true and complete to the best of my knowledge and belief.

  
(Signature)  
Area Supervisor  
(Title)  
October 17, 1985  
(Date)

## OIL CONSERVATION DIVISION

APPROVED OCT 25 1985 . 19           

BY \_\_\_\_\_ Original Signed By  
Les A. Clements

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 AULG 111.

All sections of this form must be filled out completely for allow-  
able 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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