

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

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

Form C-101
Revised 1-1-89
See Instructions
at Bottom of Page

RECEIVED
AUG 12 1993

C.I.D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

1. Operator	Well API No.
Anadarko Petroleum Corporation	30-015-03590

Address P.O. Drawer 130, Artesia, NM 88210

Reason(s) for Filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	<input type="checkbox"/>	Change Lease Name
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas	
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

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Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Continental "A" State	4	Turkey Track-7 Rivers- Qn-GB-SA	State, Federal or Free
Location	NM E-2943		
Unit Letter	A	330	Feet From The North Line and 330 Feet From The East
Section	16	Township	19S
Range	29E	, NMFM, Eddy	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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Name of Authorized Transporter of Oil <input type="checkbox"/>		or Condensate <input type="checkbox"/>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>		or Dry Gas <input type="checkbox"/>		
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.
				Rge.
		Is gas actually connected? <input type="checkbox"/>		
		When? <input type="text"/>		

If this production is commingled with that from any other lease or pool, give commingling order number: 000000000000

IV. COMPLETION DATA

If this production is commingled with that from any other well, list well number(s) and acreage(s) in the space below.										
IV. COMPLETION DATA										
Designate Type of Completion - (X)			<input 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"/> Diff Resv
Date Spudded		Date Compl. Ready to Prod.			Total Depth		P.B.I.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

[illegible]

V. TEST DATA AND REQUEST FOR ALLOWABLE

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)	Producing Method (Flow, pump, gas lift, etc.)

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

GAS WELL

GAS WELL		Bbls. Condensate/MCF		Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test	Casing Pressure (Shut in)		
Testing Method (pilot, back pr.)	Tubing 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 *Charles E. Ireland*
 Printed Name *Charles E. Ireland* *Person*
 Date *8/12/93* File *677-24-11*
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title

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.