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Appropriate District Office
DISTRICT |
F.O. Box 1980, Hebbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

HELEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II P.O. Prawer DD, Arteda, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

SEP - 7 1993

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

-	nea	TOTE				TURAL G	AS				
Operator		10 16	MINOP	UNI UI	L WIND INW	I OUME O		(FI No.			
Anadarko Petroleum Corporation						3001503590					
Anduarko reciole	um COI	porac	.1011								
FO Drawer 130, A	rtesia	, NM	8821	1-013	0						
Reason(a) for Filing (Check proper box,	)				[X] Or	her (Please exp	lain)				
New Well			in Transp	11	Ch	ange Le	ease Na	me	,		
Recompletion	Oil	l. ead Gas	_ Dry G								
Change in Operator	Casingh	end Gas [	Conde	mane							
If change of operator give name and address of previous operator											
•	LANDIE	TACE									
II. DESCRIPTION OF WELL	DESCRIPTION OF WELL AND LEASE  Well No.   Pool Name, Includin					ng Formation Kind			Lease No.		
				Turkey Track-7R-Qn-GB-SA			State,	<b>FROM DECISA</b>	E-2943		
Location											
Unit LetterA	•	330	. Feet I	rom The	North Li	ne and3	30 F	et From The 📋	East Line		
() (III ) (III )											
Section 10/ Town	ship 1	9S	Range	. 29	E, N	мем,	Eddy		County		
	Non-on-	<b>TD</b> 05	011 A		IDAL CAC						
III. DESIGNATION OF TRA		ER OF Cond		אט אא זע	Address (Gi	w address to w	hich approved	comy of this form	is to be sent)		
Name of Authorized Transporter of Oil		Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Cas	inchesd Gas	ehead Gas or Dry Gas			Address (Gi	we address to w	which approved	copy of this form is to be sent)			
Water of Authorized Transporter or Cas	angi kani can	president [] or thy									
If well produces oil or liquids,	Unit	Sec.	1wp.	Rge	ls gas actual	lly connected?	When	7			
give location of tanks.		<u></u>	l	1			l				
If this production is commingled with th	at from any o	ther lease (	or pool, g	ive commin	gling order nun	nber:					
IV. COMPLETION DATA					-y- <del></del>	γ	r <del>5</del>	Plug Back Sa	ime Regiv Diff Regiv		
Designate Type of Completion	vn . (X)	Jon w	ell j	Gas Well	New Well	Workover	Doepen	l Nink Rack 123	Ime Keky   Jan Kesy		
		Date Compl. Ready to Prod.			Total Depth	.l	_ L	P.B.T.D.			
Date Spudded Date Compl. R			K) I KKI.			·					
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing	Formatio	n	Top Oil/Gas	Pay .		Tubing Depth			
Perforations								Depth Casing S	Shoe		
								<u> </u>			
TUBING, CASING AND					CEMENT				DACKS SEMENT		
HOLE SIZE	c	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								·	and the second of the second		
V. TEST DATA AND REQU	EST FOR	ALLOV	VABLE	<u> </u>	_,l						
() IL WELL (Test must be after	recovery of	total volum	ne of load	oil and mu	si be equal to o	r exceed top al	lowable for thi	s depth or be for	full 24 hows.)		
Tate First New Oil Run To Tank Date of Test					Producing N	dethod (Flow, p	nonp, gas lift,	etc.)			
								Choke Size			
Tength of Test	Tubing P	Tubing Pressure				Casing Pressure					
		Oil - Bbls.				Water - Bbls.					
Actual Frod. During Test	CHI - RDI										
					. J						
GAS WELL	· ·	7 120			TBble Conde	neste/MMCF		Gravity of Con	dentate		
ctual Fred. Test - MCF/D Length of Test											
Insting Method (pitot, back pr.)	nod (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pres	Casing Pressure (Shut-in)			Choke Size		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
VI. OPERATOR CERTIF	CATEO	E CON	API IA	NCF				4.TION 5	N (( <b>0</b> 101)		
				C.B		OIL CO	NSEHV	ATION D	IVISION		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						SEP - 8 1993					
is true and complete to the best of n	ny knowledge	and belief			Dat	e Approv	ed				
1 V ~	17	- 6 1	2.			• •					
- Almi	pru	elk			∥ ву₋	0010	INAL SIG	VED BY			
Jerry E. Buckle	s, Are	a Sur	ervi	sor	'	MIKE	E WILLIAM	S			
Printed Name Title					Title	SUP	ERVISOR,	DISTRICT II			
0 <b>∮</b> ∠03-93	(	505) 6									
Date		7	elephone	190.	11						

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.