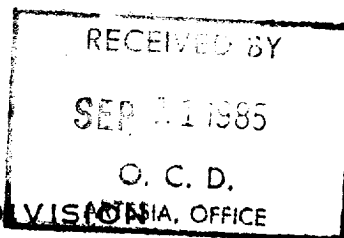


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER            | OIL ✓<br>GAS ✓ |
| OPERATOR               | ✓              |
| PRODUCTION OFFICE      |                |

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501



Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Anadarko Petroleum Corporation ✓  
Address  
P. O. Drawer 130, Artesia, New Mexico 88210  
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)  
Designate transporter of Casinghead gas.

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

II. DESCRIPTION OF WELL AND LEASE

|   |               |  |  |                  |
|---|---------------|--|--|------------------|
| Lease Name<br>Osage   | Well No.<br>1 | Pool Name, including Formation<br>Dagger Draw Upper Penn North | Kind of Lease<br>State, Federal or Fee | Lease No.<br>Fee |
| Location<br>Unit Letter <u>G</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u><br>Line of Section <u>21</u> Township <u>19S</u> Range <u>25E</u> , NMPM, <u>Eddy</u> 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"/><br>J M Petroleum Corporation         | Address (Give address to which approved copy of this form is to be sent)<br>2000 North Tower Plaza of the Americas<br>Dallas, Texas 75201 |             |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Gas Company of New Mexico | Address (Give address to which approved copy of this form is to be sent)<br>311 Moore, Carlsbad, New Mexico 88220                         |             |
| If well produces oil or liquids,<br>give location of tanks.   | Unit<br>G   | Sec.<br>21  |
|   | Twp.<br>19S   | Rge.<br>25E |
|   | Is gas actually connected? <u>No</u> When <u>11-5-85</u>  |             |

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)

September 10, 1985

(Date)

OIL CONSERVATION DIVISION

NOV 18 1985

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_ Original Signed By

Mike Williams

TITLE \_\_\_\_\_ Oil & Gas Inspector

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.

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

Pack #D-3  
11-22-85  
Add GT:ENH