Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Der - ment

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION *2001 VED

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

FFF X 5 1993

DISTRICT III				
1000 Rio Brazos	Rd.	\ztec,	NM	87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l		O TRAI	ISPORT OIL	AND NA	I UHAL GA	NS Wall X	61 KI2		1	
Anadarko Petroleum Corporat				tion)-015-25001			
Address P. P. P. P. A. A.	1	· Λ/	w Mexi	28	211-0	130				
P.O. BOX 130, A Reason(s) for Filing (Check proper box)	rres!	4/11	-W / IEA/	Oth	er (Please expla	rin)				
New Well			Fransporter of:							
Recompletion										
Change in Operator	Casinghead	Gas 🔲 (Condensate [J	
If change of operator give name										
and address of previous operator										
II. DESCRIPTION OF WELL	AND LEA	SE				17:-4 -	(Lease	1 12	ease No.	
Lease Name			Pool Name, Includ		A C 0 0		Federal or Fed		4681	
State Z		1 1	Shugart-)	1+5 2K	y GRB	(<u>-</u> 1			7601	
Location Unit LetterE	_: <u>_/8</u> :	55	Feet From The Δ	larth Lin	e and	60 Fe	et From The	west	Line	
Section Z Townshi	. 19	5	Range 30	€ ,N	мрм,	Eddy			County	
	<u> </u>									
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Condens	ate	Address (Giv	e address to wi	hich approved	copy of this f	orm is to be se	nt)	
ا ا			LJ		30x 120					
Name of Authorized Transporter of Casinghead Gas			Address (Giv	e address to wl	hich approved	copy of this fo	orm is to be se	nt)		
Phillips (66 Nat'l Gas Company			4001	Penbro			exas 7			
If well produces oil or liquids,			Twp. Rge.		y connected?	When	7			
give location of tanks.	E	1/	195130E	Yes			4-24	-89		
If this production is commingled with that	from any othe	r lease or p	ool, give comming	ling order num	ber:					
IV. COMPLETION DATA		<u></u>			· · · · · · · · · · · · · · · · · · ·		Di DI.	Same Res'v	Diff Res'v	
Designate Time of Completion	- (¥)	Oil Well	Gas Well	New Well	Workover	Deepen	Phig Back	l 25 auge 16 ez A	I MI Kesv	
Designate Type of Completion	Date Compl	Pandy to	L Prod	Total Depth	1	L	P.B.T.D.	I	_1	
Date Spudded	Date Comp	, Ready to	r iog.				1.5.7.5			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth					
Elevations (Dr., ARB, A1, OA, etc.)										
Perforations	<u></u>						Depth Casin	g Shoe		
TUBING, CASING AND			CEMENTI				DAGUA GELENT			
HOLE SIZE	CAS	ING & TU	BING SIZE		DEPTH SET			SACKS CEMENT		
	<u> </u>			ļ						
				-						
	<u> </u>									
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE	_!			J			
OIL WELL (Test must be after t	recovery of tol	al volume o	of load oil and mus	s be equal to or	exceed top all	owable for this	depth or be	for full 24 hou	75.)	
Date First New Oil Run To Tank	Date of Test		<u> </u>	Producing M	ethod (Flow, p	urφ, gas lift, e	tc.)			
							Choke Size			
Length of Test	th of Test Tubing Pressure		Casing Pressure			Choke Size				
			Water - Bbis.			Gas- MCF				
Actual Prod. During Test	est Oil - Bbls.		Water - Dole							
GAS WELL	1							•		
Actual Prod. Test - MCF/D Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
						Choke Size				
l esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size				
THE OPEN ATTON CENTERS	ATE OF	COMP	LIANCE	- r				D. 1. 0. 1.	N. 1	
VI. OPERATOR CERTIFIC	MIDUL Indone of the 1	Oil Consen	zion	1	OIL CON	ISERV	AHON	DIVISIO	JN .	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above										
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date	Date Approved FEB 2 6 1993						
1 /2 4 1	1.6				pp.040				-	
The rand Decke to			By_	UBIC	INAL SIGN	ED BY	*.*			
Signature / h // // //			by -	By ORIGINAL SIGNED BY MIKE WILLIAMS						
Howard D. Hackett Field Foreman				II AUDEDVICOD DISTRICT W						
Frinted Name	505	- 677	-2411	Title	301 2					
2-25-93	203	Tele	phone No.	Ш			٠, ,			

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.