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

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

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

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

SEP - 7 1993

Revised F.F.R.
See Instructions
at Bottom of Form

OK
11/1/93
OP

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Anadarko Petroleum Corporation</u>		Well API No. <u>3001525001</u>
Address <u>PO Drawer 130, Artesia, NM 88211-0130</u>		
Reason(s) for Filing (Check proper box) ☐ New Well ☐ Recompletion ☐ Change in Operator		
Change to Transporter of: Oil ☒ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State 2</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Shugart Yates 7RVRS ON Grayburg</u>	Kind of Lease <u>State Lease</u>	Lease No. <u>NM 4681</u>
Location Unit Letter <u>E</u> : <u>1855</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>2</u> Township <u>19S</u> Range <u>30E</u> , <u>NMM</u> , <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Amoco Pipeline ICT</u>	Address (Give address to which approved copy of this form is to be sent) <u>502 N. West Ave., Levelland, TX 79336-</u>	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>GPM Gas Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, TX 79760</u>	
If well produces oil or liquids, give location of tanks. <u>E</u> <u>2</u> <u>19S</u> <u>30E</u>	Is gas actually connected? <u>Yes</u>	When? <u>04-24-89</u>

IV. COMPLETION DATA

Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Recv ☐ Diff Recv	Date Compl. Ready to Prod	Total Depth	PHID
Elevations (DF, RRB, RI, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut In)	Casing 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 Jerry E. Buckles
Printed Name Jerry E. Buckles, Area Supervisor
Title
Date 09-23-93 Telephone No. (505) 677-2411

OIL CONSERVATION DIVISION

Date Approved SEP - 8 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1101

- 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.