

OIL CONSERVATION DIVISION

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

RECEIVED

JAN 04 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION O. C. D.
TO TRANSPORT OIL AND NATURAL GAS

Operator Anadarko Petroleum Corporation	Well APN No. 3001525804
Address P.O. Drawer 130, Artesia, New Mexico 88211-0130	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	
If change of operator give name and address of previous operator ARCO Oil & Gas Company, P.O. Box 1610, Midland, TX 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE 2	Well No. 2	Pool Name, including Formation SHUGART-YTS, 7RQ, GRBG	Kind of Lease State, Federal or Fee	Lease No. NM-4681
Location Unit Letter C : 400 Feet From The North Line and 2250 Feet From The West Line Section 2 Township 19S Range 30E, NMPM, Eddy 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"/> Pride Operating Co.	Address (Give address to which approved copy of this form is to be sent) Box 2436, Abilene, Texas 79604					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79760					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 2	Twp. 19S	Rge. 30E	Is gas actually connected? Yes	When? 12/29/87

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.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

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 1-15-93
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF 6789

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	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
Dan Kernaghan Division Operations Manager
Printed Name
Title
(915)682-1666
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 11 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

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.

RECEIVED

DEC 3 1 1992

LIBRARY