

Submit 5 Copies
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 Bravo Rd., Artesia, 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Well API No.

3001525953

I. Operator

Anadarko Petroleum Corporation

Address

PO Drawer 130, Artesia, NM 88211-0130

Person(s) for Filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Operator ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☒

If change of operator give name
and address of previous operator

(Other (Please explain))

II. DESCRIPTION OF WELL AND LEASE

Lease Name

Paton "B" Federal

Well No.

1

Pool Name, Including Formation

N. Shugart-Morrow

Kind of Lease

XXX Federal XXX

Lease No.

LC029389C

Location

Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line

Section 9 Township 18S Range 31E, NMIM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐

Amoco Pipeline ICT

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒

GPM Gas Corporation

If well produces oil or liquids,

give location of tanks Liquids N 9 18S 31E

Address (Give address to which approved copy of this form is to be sent)

502 N. West Ave., Levelland, TX 79336

Address (Give address to which approved copy of this form is to be sent)

4001 Penbrook, Odessa, TX 79760

Is gas actually connected?

Yes

When?

02-23-89

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 Rev. ☐

Nil Rev. ☐

Date Spudded

Date Compl. Ready to Prod

Total Depth

PD 110

Elevations (DF, RRA, RI, 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 Flow 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 B. Buckles, Area Supervisor

Printed Name

09-03-93

Date

Title

(505) 677-2411

Telephone No.

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.