

Form C-101  
Revised 11-89  
See Instructions  
at Bottom of Page

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

DISTRICT III  
1100 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

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

RECEIVED

AUG 27 1993

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# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TO TRANSFER OIL AND NATURAL GAS

Operator Anadarko Petroleum Corporation ✓

Well API No. 3001526155

Address PO Drawer 130, Artesia, NM 88211-0130

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)

New Well ☐ Change in Transporter of:

Recompletion ☐ Oil ☒ Dry Gas ☐

Change in Operator ☐ Casinghead Gas ☐ Condensate ☐

If change of operator give name and address of previous operator \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

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Lease Name State 2			Well No. 3	Pool Name, Including Formation Shugart Yates 7RVRS ON Grayburg				Kind of Lease State, <del>Leasehold</del> <del>Oil &amp; Gas</del>		Lease No. K-6852		
Location												
Unit Letter		D	:	575	Feet From The		North	Line and	660	Feet From The	West	Line
Section		2	Township		19S	Range	30E	, NMIM,	Eddy		County	

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil Amoco Pipeline Co.	<input checked="" type="checkbox"/>	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 502 N. West Ave., Levelland, TX 79336-3914	
Name of Authorized Transporter of Casinghead Gas GPM Gas Corporation	<input checked="" type="checkbox"/>	or Dry Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79760	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp	Rge	In gas actually connected? When?

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

#### IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv	Diff Resv
Date Spudded	Date Compl	Ready to Prod.		Total Depth			P.D.I.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
			Post ID-3
			9-3-93
			chg BT/KDC

### V. TEST DATA AND REQUEST FOR ALLOWABLE

1. **TEST DATA FOR 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)

## OIL WELL

OIL WELL (Test must be after recovery of total volume of load on and must be equal to or greater than 100% of load on)			
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.

GAS WELL		Bbls Condensate/MKCF		Gravity of Condensate
Actual Prod. Test - MKCF/D	Length of Test	Casing Pressure (Shut in)		Choke Size
Testing Method (pilot, back pr.)	Tubing Pressure (Shut in)			

## 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 08-25-93 (505) 677-2411  
 Telephone No.

## OIL CONSERVATION DIVISION

Date Approved **AUG 27 1993**

By \_\_\_\_\_ ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title \_\_\_\_\_ SUPERVISOR, DISTRICT # \_\_\_\_\_

Title

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

- 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.