

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 Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

DEC 7 1992

O. C. D.
DATA COPY

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Anadarko Petroleum Corporation	Well API No. 30-015-27190
Address PO Drawer 130, Artesia, N.M. 88211	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Continental State	Well No. 10	Pool Name, Including Formation Turkey Track, 7R, Qn, GB, SA	Kind of Lease XXXXXX	Lease No. E-2943
Location				
Unit Letter P	660	Feet From The South Line and 660	Feet From The East Line	
Section 10	Township 19S	Range 29E	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"/> Navajo Refining Co.-Truck Division	Address (Give address to which approved copy of this form is to be sent) PO Box 159, Artesia, N.M. 88211					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM	Address (Give address to which approved copy of this form is to be sent) 10 W.W. Frank Phillips BLDG. Bartlesville					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 10	Twp. 19S	Rge. 29E	Is gas actually connected? No	When? OK. 74004

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-21-92	Date Compl. Ready to Prod. 12-11-92		Total Depth 2400'		P.B.T.D. 2366'			
Elevations (DF, RKB, RT, GR, etc.) 3364' GL	Name of Producing Formation Queen		Top Oil/Gas Pay 2197'		Tubing Depth 2314'			
Perforations 2197-2203, 2252-54, 2281-84, 2296-98, 2308-11 (27 holes)					Depth Casing Shoe 2399'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
20"	14"		41'		Ready Mix to surface			
12 1/4"	8 5/8"		299'		200sx And Ready Mix			
7 7/8"	5 1/2"		2399'		475sx-Circ to surface			
4 3/4"	2 3/8"		2314'		None			

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 12-15-92	Date of Test 12-16-92	Producing Method (Flow, pump, gas lift, etc.) Pumped	
Length of Test 24 Hours	Tubing Pressure 30#	Casing Pressure 30#	Choke Size None
Actual Prod. During Test 134	Oil - Bbls. 44	Water - Bbls. 90	Gas- MCF 5

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 Mike Braswell
Printed Name **Mike Braswell Field Foreman**
Date **12-16-92** Title **505-677-2411**
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB 23 1993**

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.

1000

1000

1000