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

State of New Mexico Energy, Minerals and Natural Resources Dep ent

OIL CONSERVATION DIVISION

Form C-J04 Revised 1-1-89 See Instructions

KECEIVEU

DISTRICTA

P.O. Box 2088

AIII 1 3 1003

O. Drawer DD, Anessa, NM 88210	Santa Fe, New Me	exico 87504-2088	711 (P. 1973)		
ISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWAB		ION. C. L. D.		
,	REQUEST FOR ALLOWAR	AND NATHDAL GAS			
	TO TRANSPORT OIL AND NATURAL GAS		Well XPI No.		
penitor			30-015-27190		
Anadarko Petro	leum Corporation		30-013-27190	And the second second second	
Address					
P.O. Drawer 13	0, Artesia, NM, 882				
(eason(s) for Filing (Check proper box)		(Please explain)			
lew Well	Change in Transporter of:				
Recompletion	Oil Dry Gan	Change Lease Na	ame		
Change in Operator	Casinghead Gas Condensate				
change of operator give name					
nd address of previous operator					
I. DESCRIPTION OF WELL	IND LEASE		Kind of Lease	Lease No.	
Lease Name	Well No. Pool Name, Include		State Padamilian Con.		
Continental "A" St	ate 10 Turkey Tr	ack-7R-On-GB-SA		E-2943	
Location	_				
D	. 660 Feet From The SC	outh line and 660	Feet From The Eas	st Line	
Unit LetterP					
Section 10 Townshi	in 19S Range 29E	, NMPM,	Eddy	County	
, 000201 2 0					
H. DESIGNATION OF TRAN	NSPORTER OF OIL AND NATU	RAL GAS Address (Give address to which a	and come of this form is	to be sent)	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which a	ipproved copy by the joint a		
_			d a sum of this form is	to be sent)	
Name of Authorized Transporter of Casin	nghead Gas or Dry Gas	Address (Give address to which a	approved copy of the joint of	10,14, 21, 22,	
			When ?		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	In gan actually connected?	I when t		
give location of tanks.		<u> </u>			
If this production is commingled with that	from any other lease or pool, give comming	ling order number:			
IV. COMPLETION DATA			Deepen Plug Back Same	e Resv Bill Resv	
	Oil Well Gas Well	New Well Workover I	Deepen Plug Back Same	, Kee	
Designate Type of Completion	1 - (X)	िलंबी स्थित		1	
Date Spudded	Date Compl. Ready to Prod.	TOTAL EXEMPT	7.0.1.0		
		Top Oil/Gas Pay	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	100 (1003-61-)	Tuomik txtan		
			Depth Casing Sho	Derth Casing Shoe	
Perforations	-		1		
		CONTRACTOR DECORDS			
	TUBING, CASING AND	CEMENTING RECORD	SACH	(S CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	Shor	(3 OEMEIV)	
				44 * * * * * * * * * * * * * * * * * *	
V. TEST DATA AND REQUE	ST FOR ALLOWABLE	-	or a second contract of	II 24 hours l	
OIL WELL (Test must be after	recovery of total volume of load oil and mus	st be equal to or exceed top allowa	ble for this depth or be for Ju	11 49 NOW 3.7	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump,	gas iyi, eic.)		
Date History on No.			Choke Size		
Today Today	Tubing Pressure	Casing Pressure	C noke Size		
Length of Test					
	Oil - Bbls.	Water - Bbls.	Gas- MCF		
Actual Prod. During Test	Oil - Bois.				
			<u> </u>		
GAS WELL		IBble, Condensate/MMCF	Gravity of Cond	encile	
Actual Prod. Test - MCF/D	Length of Test	BOIR. CONGENIMAC/IVING	,		
ļ		7-1- K-12: 781:3131	Choke Size		
lesting Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut in)	C. O. C.		
VI OPEDATOR CEPTICI	CATE OF COMPLIANCE	OIL COMO	ERVATION DI	VISION	
AND DESIGNATION OF PROPERTY	CALL OF COINT DRAILE	11 THE COUNTY		V ICHCHI	

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above

Lorm 4

Telephone No

Date Approved

By

Title

- 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.