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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

RECEIVED

FEB 12 1993

O.C.D.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Anadarko Petroleum Corporation	Well API No.
Address PO Drawer 130, Artesia, New Mexico 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. 11	Pool Name, Including Formation Turkey Track-7R-Qn-GB-SA	Kind of Lease State, XXXXXX	Lease No. E-2943
Location Unit Letter 0 : 330 Feet From The South Line and 1980 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, NM 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?	When ?		O.K. 74004	
Yes	2-9-93			

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 1-8-93	Date Compl. Ready to Prod. 1-29-93		Total Depth 2400'		P.B.T.D. 2349'			
Elevations (DF, RKB, RT, GR, etc.) 3366' GR	Name of Producing Formation Queen		Top Oil/Gas Pay 2232'		Tubing Depth 2308'			
Perforations 2232-36, 2242-45, 2252-56, 2259, 60, 62, 71, 72, 73, 77, 84, 86, 88					Depth Casing Shoe 2396'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
20"	14'		40'		Ready mix to surface			
12 1/4"	8 5/8"		320'		490 sx to surface			
7 7/8"	5 1/2"		2396'		800 sx to surface			
4 3/4"	2 7/8"		2308'		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 2-4-93	Date of Test 2-4-93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 60#	Casing Pressure 60#	Choke Size none
Actual Prod. During Test 128	Oil - Bbls. 64	Water - Bbls. 64	Gas - MCF 32

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 Field Foreman
Printed Name Mike Braswell Title
Date 2-10-93 Telephone No. 505-677-2411

OIL CONSERVATION DIVISION

FEB 23 1993

Date Approved

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.