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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

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

RECEIVED

MAY 30 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Anadarko Petroleum Corporation		Well API No.
Address P.O. Drawer 130, Artesia, New Mexico 88211-0130		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

2-851 Further Notice

II. DESCRIPTION OF WELL AND LEASE

Lease Name Dickey Sullivan	Well No. 3	Pool Name, Including Formation Turkey Track-7 Rivers-On-GB-SZ	Kind of Lease State, NEW MEXICO	Lease No. NM B - 8326
Location Unit Letter C : 660 Feet From The North Line and 1650 Feet From The West Line Section 15 Township 19S Range 29E, NMIM, 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 Company - Trucking Div.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 15
	Twp. 19S	Rge. 29E
	Is gas actually connected? No	
	When ?	

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Recv <input type="checkbox"/>	Diff Recv <input type="checkbox"/>
Date Spudded 03-27-93	Date Compl. Ready to Prod. 04-08-93		Total Depth 2406'		P.D.I.D. 2386'			
Elevations (DF, RKB, RT, GR, etc.) 3351' GR	Name of Producing Formation Queen		Top Oil/Gas Pay 2162'		Tubing Depth 2231'			
Perforations 2162' - 68', 2175' - 78', 2185' - 88', 2192' - 95', 2209' - 14'					Depth Casing Shoe 2405' KB			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
20"	14"		40'		Ready Mix			
12-1/4"	8-5/8"		290' KB		300 sx Post ID-2			
7-7/8"	5-1/2"		2405' KB		725 sx 5-21-93			
	2-3/8"		2231'		comp & R11			

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 04-10-93	Date of Test 04-12-93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 250#	Casing Pressure 250#	Choke Size Back Pressure Valve
Actual Prod. During Test 97 bbls.	Oil - Bbls. 17	Water - Bbls. 80	Gas MCF 10

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MNCF	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
Howard D. Hackett
Printed Name
May 3, 1993
Date
Field Foreman
Title
(505) 677-2411
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 14 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.