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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 Departn.

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 24 1992

C. L. D.
MAY 24 1992

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Anadarko Petroleum Corp.		Well API No. 30-015-2738
Address PO Drawer 130, Artesia, NM 88211-0130		
Reason(s) for Filing (Check proper box) 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 "A"	Well No. 15	Pool Name, Including Formation Turkey Track-7R-QN-GB-SA	Kind of Lease State, Federal Lease Pool	Lease No. NM E-2943
Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line Section 16 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 Co. - Trucking Dept.	Address (Give address to which approved copy of this form is to be sent) PO Box 159, Artesia, NM 88211-0159	
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, OK 74004	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 10
	Twp. 19S	Rge. 29E
If this production is commingled with that from any other lease or pool, give commingling order number:		In gas actually connected? When? Yes 5-6-93

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 Resv <input type="checkbox"/> Diff Resv <input type="checkbox"/>	Date Spudded 4-17-93	Date Compl. Ready to Prod. 5-6-93	Total Depth 2404' KB	P.B.I.D. 2358' KB
Elevations (DF, RKB, RT, GR, etc.) 3359 GR	Name of Producing Formation Queen	Top Oil/Gas Pay 2135	Tubing Depth 2334'	Depth Casing Shoe 2403'
Perforations 2135-45', 2148-54', 2160-64', 2172-84', 2320-25', 2348-51'				
TUBING, CASING AND CEMENTING RECORD				
HOLE SIZE 20" 12 1/4" 7 7/8"	CASING & TUBING SIZE 14" 40# 8 5/8" 24# 5 1/2" 15.5#	DEPTH SET 40' 295' KB 2403' KB	SACKS CEMENT Ready Mix 300 SX 590 SX	

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.)		Producing Method (Flow, pump, gas lift, etc.) Pump	
Date First New Oil Run To Tank 5-10-93	Date of Test 5-18-93	Casing Pressure 35	Choke Size Post ID-2 6-11-93
Length of Test 24 Hours	Tubing Pressure 35	Water - Bbls. 48	Gas MCF 10 comp & BK
Actual Prod. During Test 52	Oil - Bbls. 4		

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
Howard Hackett, Field Supervisor
Printed Name
5-19-93 (505) 677-2411
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 28 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 - All sections of this form must be filled out for allowable on new and recompleted wells.
 - Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.