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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
Instructions
at Bottom of Page

MAY 24 1992

C.L.D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Anadarko Petroleum Corp.		Well API No.
Address PO Drawer 130, Artesia, NM 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"/>		<input type="checkbox"/> Other (Please explain)
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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Continental State	Well No. 13	Pool Name, Including Formation Turkey Track Queen	Kind of Lease State, FEEDBACK	Lease No. NM E-2943
Location Unit Letter H : 1650 Feet From The North Line and 410 Feet From The East Line Section 16 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 Refinery - 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,			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
I	10	19S	29E	
Is gas actually connected?		When? OK 74004		
Yes		4-22-93		

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 <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 4-10-93	Date Compl. Ready to Prod. 5-13-93	Total Depth 2406 KB	P.B.I.D. 2358' KB					
Elevations (DF, RKB, RT, GR, etc.) 3339' GR	Name of Producing Formation Queen	Top Oil/Gas Pay 2154'	Tubing Depth 2234' KB					
Perforations 1981'-88', 2000, -08', 2024'-29', 2154'-57', 2166'-67', 2170-71'			Depth Casing Shoe 2403' KB					
2176'-78', 2182, 84, 86, 88, 90, 97, 99, 2201, 03, 05, 07, 2211-13'								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 20"	CASING & TUBING SIZE 14" Conductor		DEPTH SET 38'		SACKS CEMENT Ready Mix-Surface			
12 1/4"	8 5/8 24#		294' KB		300 SX plus Ready Mix			
7 7/8"	5 1/2 15.5#		2403' KB		725 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.)			
Date First New Oil Run To Tank 4-27-93	Date of Test 4-28-93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure 100#	Casing Pressure 35#	Choke Size Post ID-2
Actual Prod. During Test 18 BBLs	Oil - Bbls. 3	Water - Bbls. 15	Gas - MCF 6-11-93
		TSTM	comp & BK

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spot, 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
Date
(505) 677-2411
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 28 1993

By ORIGINAL SIGNED BY
JAKE WILLIAMS
Title SUPERVISOR, DISTRICT I

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.