

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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O. C. D.
ARTESIA OFFICE

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/>
	GAS <input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

57

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Anadarko Petroleum Corporation

Address
P. O. Drawer 130, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
Change in Ownership effective 8-1-85

If change of ownership give name and address of previous owner Anadarko Production Company, P. O. Drawer 130, Artesia, New Mexico 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Sun State</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Delaware Wildcat</u>	Kind of Lease <u>State, F/produced/other</u>	Lease No. <u>V - 231</u>
Location				
Unit Letter <u>N</u>	: <u>660</u>	Feet From The <u>South</u>	Line and <u>1980</u>	Feet From The <u>West</u>
Line of Section <u>22</u>	Township <u>21S</u>	Range <u>27E</u>	, NMPM, <u>Eddy</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>None NA</u>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None NA</u>	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 Sec. Twp. Rge. Is gas actually connected? When

*Post FD-3
10-25-85
Chg Op name*

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Joe Higley
(Signature)
Field Foreman
(Title)
October 21, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 25 1985, 19____

BY Les A. Clements
Original Signed By
Supervisor District II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.