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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator ANOCO PRODUCTION COMPANY		Well API No. 300450672600
Address P.O. BOX 800, DENVER, COLORADO 80201		
Reason(s) for Filing (Check proper box)		
New Well ☐	Change in Transporter of: ☐ Other (Please explain)	
Recompletion ☐	Oil ☐ Dry Gas ☐	
Change in Operator ☐	Casinghead Gas ☐ Condensate ☒	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name P O PIPKIN	Well No. 5	Pool Name, Including Formation BASIN DAKOTA (PRORATED GAS)	Kind of Lease State, Federal or Fee	Lease No.
Location	Unit Letter A	Feet From The 890	Line and FNL	Line
Section 07	Township 27N	Range 10W	NMPM	Feet From The FEL
			SAN JUAN	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil MERIDIAN OIL INC.	☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent) 3535 EAST 30TH STREET, FARMINGTON, CO 87401
Name of Authorized Transporter of Casinghead Gas EL PASO NATURAL GAS COMPANY	☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TX 79978
If well produces oil or liquids, give location of tanks.	Unit Soc. Twp. Rge.	Is gas actually connected? When?

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RF, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

HOLE SIZE	TUBING, CASING AND CEMENTING RECORD	DEPTH SET	SACKS CEMENT
	CASING & TUBING SIZE		

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF
Testing Method (pilot, back pr)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)

Choke Size	Gas MCF
RECEIVED	
JUL 2 1990	
OIL CON. DIV.	
DIST. 3	

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
Doug W. Whaley, Staff Admin. Supervisor
Printed Name
June 25, 1990
Date
303-830-4280
Telephone No

OIL CONSERVATION DIVISION

Date Approved
By
Title
SUPERVISOR DISTRICT 3

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 with Rule 111.
- 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.