

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Anadarko Petroleum Corporation	Well API No. 30-025-30513
Address P.O. Box 806 Eunice, NM 88231	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input 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"/>
Request to sell test oil 35 bbls May 1989	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hood 8	Well No. 1	Pool Name, including Formation Wildcat <i>Strawn</i>	Kind of Lease <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Fee	Lease No.
Location				
Unit Letter B	: 860	Feet From The North	Line and 1980	Feet From The East
Section 8	Township 17S	Range 38E	NMPM,	Lea 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"/>	Address (Give address to which approved copy of this form is to be sent)			
J.M. Petroleum	P.O. Box 6527 Midland, Tx 79711			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
None designated at this time	NA			
If well produces oil or liquids, give location of tanks.	Unit B	Sec 8	Twp 17S	Rge. 38E
Is gas actually connected?	When?		NA	

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. 2-22-89		Total Depth 11,800		P.B.T.D. 11,306			
Elevations (DF, RKB, RT, GR, etc.) 3714.2 GL	Name of Producing Formation Strawn		Top Oil/Gas Pay 11,218		Tubing Depth PKR 11,190			
Perforations 11,218-21, 11,241-47, 11262-65, 11,273-76, 11,280-86						Depth Casing Shoe 11,800		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		426'		400 SX			
11"	8 5/8"		4490'		1700 SX			
7 7/8"	5 1/2"		11800'		875 SX			
	2 7/8"		11190' PKR					

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 2-22-89	Date of Test 3-15-89	Producing Method (Flow, pump, gas lift, etc.) Swabbed	
Length of Test 24 hrs	Tubing Pressure 20	Casing Pressure 0	Choke Size NA
Actual Prod. During Test 35	Oil - Bbls. 35	Water - Bbls. 139	Gas - MCF NA

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 *Rick L. Langley*
Rick L. Langley Field Foreman
Printed Name Title
May 11, 1989 505-394-3184
Date Telephone No.

OIL CONSERVATION DIVISION

MAY 24 1989

Date Approved _____
By _____
Title _____
Orig. Signed by
Paul Kautz
Geologist

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.

RECEIVED
MAY 12 1989
OCD
EDWARDS OFFICE