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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
**REQUEST FOR ALLOWABLE**  
**AND**  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

OCT 30 8 59 AM '69

**I. OPERATOR**

Operator: ANADARKO PRODUCTION COMPANY

Address: P. O. Box 9317, FORT WORTH, TEXAS 76107

Reason(s) for filing (Check proper box):  
 New Well       Change in Transporter of:  
 Recompletion       Oil       Dry Gas   
 Change in Ownership       Casinghead Gas       Condensate

Other (Please explain):  
EFFECTIVE DATE 9-1-69  
CHANGE LEASE NAME FROM LOU WORTHAM

If change of ownership give name and address of previous owner: MILLARD DECK, P. O. Box 409, EUNICE, NEW MEXICO 88231

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>LOU WORTHAM "B"</u>	Well No. <u>I</u>	Pool Name, including Formation <u>PENROSE-SKELLY GRAYBRUG</u>	Kind of Lease State, Federal or Fee <u>FEE</u>	Lease No.
Location Unit Letter <u>B</u> ; <u>660</u> Feet From The <u>NORTH</u> Line and <u>2310</u> Feet From The <u>EAST</u>				
Line of Section <u>11</u> Township <u>22S</u> Range <u>37E</u> , 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"/> <u>TEXAS-NEW MEXICO PIPE LINE COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1510, MIDLAND, TEXAS</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>SKELLY OIL COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 372, EUNICE, NEW MEXICO 88231</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec. <u>11</u>	Twp. <u>22S</u>	Rge. <u>37E</u>
Is gas actually connected?		When		
<u>PIPE LINE UNDER CONSTRUCTION.</u>		<u>7/25/65</u>		

If this production is commingled with that from any other lease or pool, give commingling order number: EFFECTIVE JANUARY 31, 1957

**IV. COMPLETION DATA**

~~SKELLY OIL COMPANY~~  
~~AND HAS BEEN MERGED~~  
~~INTO GETTY OIL COMPANY.~~

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
Perforations					Depth Casing Shoe	

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

**VI. CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

J. N. Chaffin  
 J. N. CHAFFIN (Signature)  
 PRODUCTION RECORDS SUPERVISOR (Title)  
 10-28-69 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY J. N. Chaffin  
 TITLE \_\_\_\_\_

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 deviation 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 multiply completed wells.