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TRANSPORTER	OIL 1 GAS 1
OPERATOR	
PRORATION OFFICE	

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

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

JUN 30 1972

**I. Operator**  
Operator Anadarko Production Company **O. C. C.**  
Address ARTESIA, OFFICE  
P. O. Box 67, Loco Hills, New Mexico 88255

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

Other (Please explain) **CASINGHEAD GAS MUST NOT BE FLARED AFTER 8-28-72 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED**

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>Federal B</u>	<u>1</u>	<u>Square Lake</u>	<u>State Federal</u>	<u>NM-0467931</u>
Location				
Unit Letter		Feet From The	Line and	Feet From The
<u>G</u>	<u>2310</u>	<u>North</u>	<u>2310</u>	<u>East</u>
Line of Section	Township	Range	, NMPM, County	
<u>10</u>	<u>17-S</u>	<u>30-E</u>	<u>Eddy</u>	

**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)			
<u>Navajo Refining Company, Pipeline Division</u>	<u>P. O. Box 67, Artesia, New Mexico 88210</u>			
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)			
<u>Phillips Petroleum Co.</u>	<u>4th and Washington, Dallas, Texas</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	<u>A</u>	<u>10</u>	<u>17-S</u>	<u>30-E</u>
				Is gas actually connected when _____
				<u>No</u> <u>7-11-72</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>6-3-72</u>	<u>6-18-72</u>	<u>3578'</u>	<u>2533'</u> <u>3301'</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>3712' GL</u>	<u>Grayburg - San Andres</u>	<u>2716'</u>	<u>3250'</u>					
Perforations	Depth Casing Shoe							
<u>2716-20, 32-34, 42-48, 56-91, 2824-32, 44-47, 56-62</u>	<u>3305</u>							
<u>2930-38, 80-90 3050-56, 74-78, 84-88, 3206-14</u>								
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>10"</u>	<u>7"</u>	<u>178'</u>	<u>150</u>					
<u>6 3/4"</u>	<u>1 1/8"</u>	<u>3305'</u>	<u>150</u>					
	<u>2 3/4"</u>	<u>3250</u>						

**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.)	
<u>6-27-72</u>	<u>6-25-72</u>	<u>Pump</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hours</u>			<u>16-30-72</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	<u>93</u>	<u>65 (load)</u>	<u>140</u>

**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.

Original signed by D. R. Layton  
(Signature)

Area Supervisor  
(Title)

OIL CONSERVATION COMMISSION

APPROVED JUN 30 1972, 19 \_\_\_\_\_

BY W. A. Gressett

TITLE Oil Well Gas Inspector

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 allow-