

NO. OF COPIES RECEIVED	2
DISTRIBUTION	
SANTA FE	
FILE	
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

**RECEIVED**

MAR 30 1976

I. Operator **Anadarko Production Company** **O. C. C.**  
ARTESIA, OFFICE

Address **P. O. Box 67, Loco Hills, New Mexico 88255**

Reason(s) for filing (Check proper box):  
 New Well  Change In Transporter of: Oil  Dry Gas   
 Recompletion  Oil  Casinghead Gas  Condensate   
 Change In Ownership  Other (Please explain): **Well was cleaned out with reverse unit to 3270 and put on pump prior to P & A.**

If change of ownership give name and address of previous owner: *Well has been TA several years.*

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Federal S</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Grayburg Jackson</b>	Kind of Lease <b>1/1/1, Federal 1/1/1</b>	Lease No. <b>LC 028936</b>
Location Unit Letter <b>C</b> ; <b>660</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>West</b>				
Line of Section <b>28</b> Township <b>17S</b> Range <b>30E</b> , NMPM, <b>Eddy</b> 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"/> <b>Navajo Pipe Line Division</b>	Address (Give address to which approved copy of this form is to be sent) <b>N. Freeman Ave., Artesia, N. M. 88210</b>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>4th &amp; Washington, Odessa, Texas 79760</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>28</b>	Twp. <b>17S</b>	Rge. <b>30E</b>
	Is gas actually connected? <b>Yes</b>		When <b>3-20-76</b>	

If this production is commingled with that from any other lease or pool, give commingling order number: **PC - #20 4-23-76**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input checked="" type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. <b>3-19-76</b>		Total Depth <b>3270'</b>		P.B.T.D. <b>-</b>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <b>Grayburg</b>		Top Oil/Gas Pay <b>3135' 2991'</b>		Tubing Depth <b>3240'</b>			
Perforations <b>Openhole 2991-3270</b>					Depth Casing Shoe <b>2991</b>			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	<b>8-5/8"</b>		<b>483</b>		<b>50 sacks</b>			
	<b>7"</b>		<b>2,991</b>		<b>100 sacks</b>			

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 <b>3-20-76</b>	Date of Test <b>3-29-76</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>25#</b>	Casing Pressure <b>25#</b>	Choke Size <b>None</b>
Actual Prod. During Test <b>24 bbls.</b>	Oil - Bbls. <b>24</b>	Water - Bbls. <b>0</b>	Gas - MCF <b>TSTM</b>

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**  
**Jerry E. Buckles**  
*(Signature)*  
**Area Supervisor**  
*(Title)*

OIL CONSERVATION COMMISSION  
APPROVED **MAR 30 1976**, 19\_\_\_\_  
BY *W. A. Gressett*  
TITLE **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 deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allow-

