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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-105
 Effective 1-1-65

FEB 5 1980

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

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

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Change to be effective 3-1-80.
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Former Transporter - Navajo Refining Co.
	Dry Gas <input type="checkbox"/>	Pipeline Division
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Loco Hills "B" Federal	Well No. 8	Pool Name, including Formation Grayburg Jackson Orange	Kind of Lease State Federal Oil	LC029342 b
Location Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West Line of Section 9 Township 17S Range 30E , NMPM, Eddy				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Basin, Inc.	Address (Give address to which approved copy of this form is to be sent) 511 W. Ohio, P.O. Box 2297, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 6666, Odessa, Texas 79760
If well produces oil or liquids, give location of tanks.	Unit : P ; Sec. : 9 ; Twp. : 17S ; Rge. : 30E ; Is gas actually connected? Yes ; When : Unknown

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 as
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

Posted
FD 3
2-29-80
ATTOR BI

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 greater than the 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 (pilot, 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.

Jerry E. Suckles
 (Signature)
Area Supervisor
 (Title)
January 18, 1980
 (Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 5 1980, 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 1111.
 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.