

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-85

RECEIVED BY
AUG 12 1985
O. C. D.
ARTESIA, OFFICE

Anadarko Petroleum Corporation

Address P. O. Box 2497 Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:

Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

Other (Please explain)

Change in Ownership Effective:

AUG 1 1965

If change of ownership give name and address of previous owner: Anadarko Production Company, P.O. Box 2497, Midland, Texas 79702

1. DESCRIPTION OF WELL AND LEASE

DESCRIPTION OF WELL AND LEASE				Kind of Lease	Lease No.
Lessee Name	Well No.	Pool Name, Including Formation	State, Federal or Fee	Fee	-----
H.G. Watson	7	Loco Hills (Grbg.), San Andres	Fee		
Location					
Unit Letter	J	: 2310	Feet From The	South	Line and 2310
			Feet From The	East	
Line of Section	4	Township	18S	Range	29E
				NMPM	Eddy
					County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					P. O. Box 159, Artesia, NM 88210	
Navajo Refining Company - Truck Division					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>						
None						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When
	K	4	18S	29E	No	

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

2. COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'r.	Diff. Res'r.
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Posted ID-3
			9-6-85
			G. G. O. N. H. L.

7. 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 oil level for this depth or be for full 24 hours)

TEST DATA AND REQUEST FOR RECOMMENDATION		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test		
Length of Test	Tubing Pressure	Coasting Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

GAS WELL		Bbls. Condensate/MSCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Coaling Pressure (shut-in)	Choke Size

OIL CONSERVATION COMMISSION

I. 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.

Bob Brandes
(Signature)

Senior Administrative Specialist

July 22, 1985

OIL CONSERVATION COMMISSION

AUG 26 1985

APPROVED

Original Signed By

BY

Les A. Clements

TITLE

~~Supervisor District 11~~

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for use 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. Form G-104 must be filed for each pool in the

