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OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

Form C-101
Supersedes Old C-104 and C-1
Effective 1-1-85

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator Anadarko Petroleum Corporation	
Address P. O. Box 2497 Midland, Texas 79702	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	CIL <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Change in Ownership Effective: AUG 1 1985	

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

I. DESCRIPTION OF WELL AND LEASE	
Lease Name Burnham GSAU Tract 1	Well No. 2 Pool Name, including Formation Square Lake Grbg., San Andres
Kind of Lease State, Federal or Fee State	Lease No. B-2130
Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East	
Line of Section 2 Township 17S Range 30E, NMPM, Eddy County	


I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company - Trans. & Supply	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1267, Ponca City, OK 74601
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When L 2 17S 30E Yes July 1960

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

V. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res't. Diff. Res't.
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
	10 1/2" 2 1/2" 3 1/2" 10-1-85 Chg. Up Name

VI. 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/MCF Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

I. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION AUG 29 1985
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.	APPROVED _____, 19 ____
 Senior Administrative Specialist	BY <u>Les A. Clements</u> Supervisor District II
	TITLE _____
	This form is to be filled 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 deviated 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.

