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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

JUL 28 1972

O. C. C.
ARTESIA, OFFICE

I. Operator **Anadarko Production Company**

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

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 9-11-72 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 Loco Hills Federal	Well No. 6 - 9	Pool Name, Including Formation Grayburg Jackson	Kind of Lease xxx State, Federal or Fee	Lease No. LC-029342 (b)
Location Unit Letter 0 ; 660 Feet From The South Line and 1980 Feet From The East Line of Section 9 Township 17-S Range 30-E , NMPM, Eddy 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"/> Navajo Refining Co., Pipeline Division	Address (Give address to which approved copy of this form is to be sent) P. O. Box 67, Artesia, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input checked="" 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) 4th and Washington, Odessa, Texas	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 9
	Twp. 17-S	Rge. 30-E
	Is gas actually connected?	When No yes 8-4-72

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Rest'y.	<input type="checkbox"/> Diff. Rest'y.
Date Spudded 6-27-72	Date Compl. Ready to Prod. 7-3-72		Total Depth 2869'		P.B.T.D. 2866'			
Elevations (DF, RKB, RT, GR, etc.) 3687' GL	Name of Producing Formation Grayburg		Top Oil/Gas Pay 2594'		Tubing Depth 2845'			
Perforations 2594'-2600', 2606'-10', 2616'-22', 2668'-74', 2710'-20', 2732'-2738', 2746'-52', 2816'-22', 2830'-34'					Depth Casing Shoe 2868'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 479'		SACKS CEMENT 150			
7 7/8"	5 1/2"		2868'		450			
		2 3/8"	2845'					

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 7-11-72	Date of Test 7-17-72	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 85	Water - Bbls. 40 (load)	Gas - MCF 353

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

AUG 1 1972

BY

W. A. Grassett

TITLE

OIL AND 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-