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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

**RECEIVED**  
OCT 24 1968  
ARTESIA, TEXAS

**I. Operator**  
ANADARKO PRODUCTION COMPANY ✓  
Address: P. O. Box 9317, FORT WORTH, TEXAS 76107  
Reason(s) for filing (Check proper box):  
New Well  Change in Transporter of:  
Recompletion  Oil  Dry Gas   
Change in Ownership  Casinghead Gas  Condensate   
Other (Please explain): NAME CHANGE FROM STATE "C"

If change of ownership give name and address of previous owner: WESTERN OIL FIELD, INC., Box 1147, HOBBS, NEW MEXICO

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name NEW MEXICO STATE "C"	Well No. 3	Pool Name, Including Formation ARTESIA	Kind of Lease State, Federal or Other XXXXXXXXXX	Lease No. B-7690
Location Unit Letter H; 1650 Feet From The N Line and 330 Feet From The E Line of Section 14 Township 18 Range 27, 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"/> CONTINENTAL PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent) -Box 367, ARTESIA, NEW MEXICO 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 14	Twp. 18	Rge. 27	Is gas actually connected? No	When

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 Res'v.	Diff. Res'v.
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		

**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	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 (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.

*J. N. Chaffin*  
J. N. CHAFFIN (Signature)  
PRODUCTION RECORDS SUPERVISOR (Title)  
OCTOBER 14, 1968 (Date)

OIL CONSERVATION COMMISSION  
OCT 24 1968

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY *W. A. Gussett*  
OIL AND GAS INSPECTOR  
TITLE \_\_\_\_\_

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 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.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
OIL CONSERVATION COMMISSION  
MAY 3 1955

Company or Operator Western Oil Fields, Inc. Lease State C

Well No. 3 Unit Letter H S 14 T 18 R 27 Pool Artesia

County Eddy Kind of Lease (State, Fed. or Patented) State

If well produces oil or condensate, give location of tanks: Unit H S 14 T 18 R 27

Authorized Transporter of Oil or Condensate Continental Pipeline Company

Address Box 367, Artesia, New Mexico  
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas No Gas

Address \_\_\_\_\_  
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:  
None produced

Reasons for Filing: (Please check proper box) New Well \_\_\_\_\_ ( )

Change in Transporter of (Check One): Oil (X) Dry Gas ( ) C'head ( ) Condensate ( )

Change in Ownership \_\_\_\_\_ ( ) Other \_\_\_\_\_ ( )  
Remarks: \_\_\_\_\_ (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

By ORIGINAL SIGNED BY R. H. SWARTHOUT

Approved \_\_\_\_\_ 19 \_\_\_\_\_

Title Petroleum Engineer

OIL CONSERVATION COMMISSION

Company Western Oil Fields, Inc.

By McArmstrong  
Title \_\_\_\_\_

Address Box 1147,

Hobbs, New Mexico

**OIL CONSERVATION COMMISSION**  
**ARTESIA DISTRICT OFFICE**

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