NO. OF COPIES RECEIVED	6
DISTRIBUTION	
SANTA FE	/
FILE	/ —
U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	/
TRANSPORTER GAS	/
OPERATOR	2
PRORATION OFFICE	

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

JUL 22 1968

O. C. C.
ARTESIA, OFFICE

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)*
CHANGE OF OWNERSHIP EFFECTIVE
MAY 1, 1968 W/OPERATIONS ASSUMED BY
ANADARKO ON JULY 9, 1968

If change of ownership give name and address of previous owner ___ HARVEY E. YATES, ~~112 NORTH FIRST STREET~~ 207 South 4th St. ARTESIA, NEW MEXICO 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
ALSCOTT FEDERAL	3	LOCO HILLS	~~State,~~ Federal ~~Fee~~	NM 0924

Location

Unit Letter __B__ ; __660__ Feet From The __N__ Line and __1980__ Feet From The __E__

Line of Section __30__ Township __18S__ Range __29E__ , NMPM, __EDDY__ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address *(Give address to which approved copy of this form is to be sent)*
CONTINENTAL PIPE LINE	~~N. Freeman Ave.~~ ~~Box 3647~~ ARTESIA, NEW MEXICO 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address *(Give address to which approved copy of this form is to be sent)*
PHILLIPS PETROLEUM CO.	~~Box 6666, Odessa, Texas 79760~~ ~~Phillips Bldg., Bartlesville, Oklahoma~~

If well produces oil or liquids, give location of tanks.	Unit B	Sec. 30	Twp. 18S	Rge. 29E	Is gas actually connected? YES	When 7-6-62

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

(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)

OIL WELL

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 *(Signature)*

PRODUCTION RECORDS SUPERVISOR
(Title)

JULY 17, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED __JUL 24 1968__ , 19___

BY __W. A. Grissett__

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 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.