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TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMM ON

RECEIVED BY
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JAN 14 1985

O. C. D.
ARTESIA, OFFICE

Fbrn C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator
Anadarko Production Company ✓

Address
P. O. Drawer 130, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Ballard Grayburg SAU Tr.6	Well No. 19	Pool Name, Including Formation Loco Hills-Queen-Grayburg-SA	Kind of Lease 5/11/77 Federal 1/1/77	Lease No. LC-058126
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Location
Unit Letter **I**; **1730** Feet From The **South** Line and **450'** Feet From The **East**

Line of Section **6** Township **18S** Range **29E**, NMPM, **Eddy** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701
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) 4001 Perdido, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks. Unit E Sec. 8 Twp. 18S Rge. 29E	Is gas actually connected? Yes When 1-4-85

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12-9-84	Date Compl. Ready to Prod. 1-4-85	Total Depth 2800'	P.B.T.D. 2790'					
Elevations (DF, RKB, RT, GR, etc.) 3592' GL	Name of Producing Formation Grayburg	Top Oil/Gas Pay 2484'	Tubing Depth 2679'					
Perforations Metex: 2484-87, 2550-52 & 2582-84	Depth Casing Shoe 2800'							
GRAYBURG: Premier: 2621-23, 2638-40, 2645-50 & 2656-58								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	324'	400 sx + Redimix/Surf
7-7/8"	5-1/2"	2800'	1150 sx circulated
5-1/2"	2-3/8"	2679'	

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 all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 1-8-85	Date of Test 1-8-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 50#	Casing Pressure 50#	Choke Size None
Actual Prod. During Test 186	Oil-Bble. 86	Water-Bble. 100	Gas-MCF 3.8

Best ID-2 1-18-85 Comp PR

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Mike Brunell
(Signature)
Field Foreman
(Title)
January 10, 1985
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 16 1985**, 19____

BY _____
Original Signed By
Leslie A. Clements
Supervisor District II

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the devl. tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condit