

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
RECEIVED 10-1-78

SEP 27 1982

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

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 *Proven* Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate Rule 306

If change of ownership give name and address of previous owner
Ex # 2-657 until 7/28/83
Ex # 2-662 until 1/13/84
Ex # 2-670 until 4/25/84

DESCRIPTION OF WELL AND LEASE
 Lease Name Osage Well No. 1 Pool Name, including Formation Und. N. Dagger Draw Upper Kind of Lease State, Federal or Fee Lease No. -
 Location Penn.
 Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East
 Line of Section 21 T. 19S Range 25E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Bigheart Pipe Line Corp. *Harjo Pipe Line* Address (Give address to which approved copy of this form is to be sent)
P. O. Box 376, Tulsa, Oklahoma 74101
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
 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	Sec.	Twp.	Rge.
<u>G</u>	<u>21</u>	<u>19S</u>	<u>25E</u>

 Is gas actually connected? When _____

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

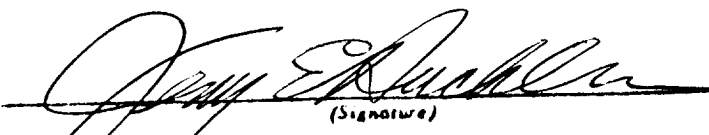
 Date Spudded Re-entered 8-24-82 Date Compl. Ready to Prod. 9-23-82 Total Depth OTD-9410; COTD-7954 P.B.T.D. 7864 KB
 Elevations (DF, RKB, RT, GR, etc.) 3478' GL Name of Producing Formation Cisco Top Oil/Gas Pay 7672 Tubing Depth 7740 KB
 Perforations 7672 "904" Depth Casing Shoe 7926 KB

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>7-7/8"</u>	<u>5-1/2" csg</u>	<u>7926' KB</u>	<u>475 SX</u>
	<u>2-7/8" tbq</u>	<u>7740' KB</u>	
<u>1 7/8"</u>	<u>1 3/8"</u>	<u>1299</u>	<u>600</u>

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 9-2-82 Date of Test 9-10-82 Producing Method (Flow, pump, gas lift, etc.) Swabbed (will POP)
 Length of Test 24 (5.5 hr test adj. 24) Tubing Pressure 10# Casing Pressure 0 Choke Size N/A
 Actual Prod. During Test 672 Oil-Bbls. 215 Water-Bbls. 457 Gas-MCF 50.09

GAS WELL
 Actual Prod. Test-MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
 Testing Method (spot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

 Area Supervisor
 September 23, 1982
 (Date)

OIL CONSERVATION DIVISION
 SEP 30 1982
 APPROVED _____, 19____
 BY Leslie A. Clements Original Signed By
 TITLE Supervisor District II
 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 multiple completed wells.