

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
10001 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504 2088

RECEIVED

SEP - 7 1993

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Anadarko Petroleum Corporation		Well API No. 3001525727
Address PO Drawer 130, Artesia, NM 88211-0130		
Present(s) for Filing (Check proper box)		
New Well	☐	Change in Transporter of
Recompletion	☐	Oil ☒ Dry Gas ☐
Change in Operator	☐	Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Baish Federal	Well No. 1	Pool Name, Including Formation N. Shugart-Bone Springs	Kind of Lease XXX Federal XXX	Lease No. LC029389A
Location				
Unit Letter A	660	Feet From The <u>North</u> Line and	660	Feet From The East Line
Section 9	Township 18S	Range 31E	County Eddy	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Amoco Pipeline ICT	Address (Give address to which approved copy of this form is to be sent) 502 N. West Ave., Levelland, TX 79336-3914	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 1959, Midland, TX 79702	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 9
	Twp. 18S	Rge. 31E
	Is gas actually connected? When?	
	Yes 07-08-87	

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 Recv	☐ Off Recv
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.D. 110			
Elevations (DT, RRB, 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 Tank	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/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Shut In)	Casing Pressure (Shut In)	Choke Size

VI. OPERATOR 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.

Signature Jerry E. Buckles
Printed Name Jerry E. Buckles, Area Supervisor
Date 09-03-93
Telephone No. (505) 677-2411

OIL CONSERVATION DIVISION

Date Approved SEP - 8 1993

By
Title ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.