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State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

MOV 29 '89

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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

 $\alpha = \omega$. REQUEST FOR ALLOWABLE AND AUTHORIZATION OF CE

Ī.	T	OTRA	NS	PORT OIL	AND NA	TURAL C	A	S				
Operator					VPI No.							
Anadarko Petroleum Corporation						30-005-20661						
Address P.O. Drawer 130, A	rtogia	Net	. 7 N	Mexico	88211-	-0130						
Reason(s) for Filing (Check proper box)	it cesta	INC	<u>v 1.</u>	<u>icarco</u>	Out	net (Please exp	plai	n)				
New Well				sporter of:								
Recompletion \square	Oil Casinghead		-	Gas 🔠								
Change in Operator	Casingnead	O46		оспас								
and address of previous operator												
II. DESCRIPTION OF WELL			,									
Lease Name		Well No.		Name, Includi Chaves					of Lease Federal o i/178		ease No. 17432	
Dalport Federal		<u> </u>	191	Chaves	QII,	305 1110	-a			141.1	1/4/2	
Unit LetterM	_ :6	60	. Fee	t From The SC	outh Lin	ne and	6	60 г	et From The	West	Line	
Section 20 Townshi	p 13S		Rar	nge 31F	E , N	ІМРМ,				Chave	S County	
III. DESIGNATION OF TRAN	SPORTE	OF O	IL A	AND NATU	RAL GAS							
Name of Authorized Transporter of Oil None	Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 130, Artesia, NM 88211-01							
Anadarko Petrole		pora: Sec.	Twp. Rge.		Is gas actually connected? When							
If well produces oil or liquids, give location of tanks.	1	360.	i ""	p. Age.	Yes				Aug.	1983		
If this production is commingled with that	from any other	r lease or	pool.	give commingl	ing order nun	nber:						
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	_1	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u>i</u>		<u></u>	 	<u> </u>			l	<u> </u>		
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 Dep	Tubing Depth		
Perforations	<u></u>			***************************************	I				Depth Casir	g Shoe		
	Т	UBING.	CA	SING AND	CEMENT	ING RECO	RI)				
HOLE SIZE	HOLE SIZE CASING & TUBING S				DEPTH SET				SACKS CEMENT			
	-											
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABI	LE				11.6.4	to donah an ba	Con Gell 24 hor	1	
OIL WELL (Test must be after t			of la	ad oil and must	be equal to o	Method (Flow,	allo wa	wable for th np. sas lift.	is depin or be eic.)	jor juli 24 noi	<i>vs.)</i>	
Date First New Oil Run To Tunk	Date of Tes	•			Troubling in		,	778 77	,			
Length of Test	Tubing Pres	Tubing Pressure				Casing Pressure				Choke Size		
	a: bu			Water - Bbis.				Gas- MCF	Gas- MCF			
Actual Prod. During Test	Oil - Bbls.											
GAS WELL									12	G1		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of	Gravity of Condensate		
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size	Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COM	DT 1	ANCE	1							
I hereby certify that the rules and regu						OIL CC	N	SERV	ATION	DIVISIO	NC	
Division have been complied with and is true and complete to the best of my	that the infor	mation giv	en a	bove	Dat	e Approv	ve:	d	DF	C 0 7 1	989	
Do. 1. 91	Juch	Pr-				• •	. •		Orig. S	igned he		
Signature					∥ By₋				Paul	igned by		
Jerry Æ. Buckles	Area	Supe	ry Tit		-	_			Geo	logist		
Printed Name 11/28/89	(5	505)7		-3368 <u> </u>	Title	9						
Date	•			ne No.	11							

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

Date

- 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.

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