

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Anadarko Petroleum Corporation	Well API No. 30-005-20999
Address P.O. Drawer 130, Artesia, New Mexico 88211-0130	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) <i>add same to lease record</i>	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: (1) Request for allowable
Recompletion <input type="checkbox"/>	(2) Designation of Dry Gas Transporter
Change in Operator <input type="checkbox"/>	(3) Re-designate from oil well to gas well
If change of operator give name and address of previous operator Dalport Oil Corporation, 3471 Interfirst One, Dallas, TX 75202	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Dalport-Arco Federal <i>316 boue</i>	Well No. 1	Pool Name, Including Formation SE Chaves Queen Gas Area, Asso	Kind of Lease XXX Federal XXXX	Lease No. NM 0349837
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>7</u> Township <u>14S</u> Range <u>31E</u> , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent) --	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Anadarko Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 130, Artesia, NM 88211-0130	
If well produces oil or liquids, give location of tanks. N/A	Unit Sec. Twp. Rge.	Is gas actually connected? Yes When? 10-03-91

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	Mit Res'v
		X	X					
Date Spudded 12-19-84	Date Compl. Ready to Prod. 1-27-85		Total Depth 2690'		P.B.T.D. 2658'			
Elevations (DF, RKB, RT, GR, etc.) 4029.8' GR	Name of Producing Formation Queen		Top Oil/Gas Pay 2562'		Tubing Depth 2553'			
Perforations 2562 - 21					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	884'	490 sx Circ
7-7/8"	4-1/2"	2690'	275 sx

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 133.6 (63.1% N ₂)	Length of Test 4 hours	Bbls. Condensate/MMCF None	Gravity of Condensate N/A
Testing Method (pilot, back pr.) (4-point) Back Pressure	Tubing Pressure (Shut-in) 450	Casing Pressure (Shut-in) 490	Choke Size Variable

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.

Jerry E. Buckles
Signature
Jerry E. Buckles Area Supervisor
Printed Name
April 20, 1992 Date
(505) 748-3368 Telephone No.

OIL CONSERVATION DIVISION
APR 22 '92

Date Approved _____
By ORIGINAL SIGNED BY JERRY SEXTON
ESTATE SUPERVISOR
Title _____

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.