

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

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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Anadarko Petroleum Corporation		Well API No. 30-005-21095
Address P.O. Drawer, Artesia, New Mexico 88211-0130		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Designation of transporter of dry gas
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Oxy Federal Com.	Well No. 2	Pool Name, including Formation (ASSO) Chaves On Gas Area SE	Kind of Lease <del>State</del> , Federal <input checked="" type="checkbox"/>	Lease No. NM-080128
Location Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line Section 29 Township 13S Range 31E, 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"/>	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"/>	Address (Give address to which approved copy of this form is to be sent)	
Anadarko Petroleum Corporation	P.O. Drawer 130, Artesia, NM 88211-0130	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? No	
	When ?	

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	Diff Res'v
		X	X					
Date Spudded 12/12/90	Date Compl. Ready to Prod. 01/11/91		Total Depth 2750' KB		P.B.T.D. 2719' KB			
Elevations (DF, RKB, RT, GR, etc.) 4051' GL	Name of Producing Formation Queen		Top Oil/Gas Pay 2581'		Tubing Depth 2528'			
Perforations 2581' - 2594'					Depth Casing Shoe 2750'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
20"	14"		28'		Redimixed to surface			
12 1/4"	8-5/8"		361'		280sx (circ)			
7-7/8"	4-1/2"		2750'		830sx (circ)			
4"	2-3/8"		2528'		None			

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 360	Length of Test 4-point (4 hrs.)	Bbls. Condensate/MMCF None	Gravity of Condensate None
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 235	Casing Pressure (Shut-in) 0	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.

Signature Jerry E. Buckles  
Jerry E. Buckles Area Supervisor  
Printed Name  
February 7, 1991 (505) 748-3368  
Date Telephone No.

OIL CONSERVATION DIVISION

FEB 04 92

Date Approved

By ORIGINAL SIGNED BY JERRY SEKTON

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.