

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator
Anadarko Production Company

Address
P.O. Box 806 Eunice, New Mexico 88231

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) SEE NOTE PAGE 104 DE
3/19/82
EXEMPTION

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Byars</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Gladiola Devonian</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>8</u> Township <u>12S</u> Range <u>38E</u> , NMPM, <u>Lea</u> , County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Basin, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2297 Midland, Texas 79702</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <u>A</u>	Sec. <u>8</u>	Twp. <u>12S</u>	Rge. <u>38E</u>	Is gas actually connected? <u>No</u>	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>10-10-81</u>	Date Compl. Ready to Prod. <u>1-8-82</u>		Total Depth <u>11,991</u>		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.) <u>3862 GR</u>	Name of Producing Formation <u>Devonian</u>		Top Oil/Gas Pay <u>11,983</u>		Tubing Depth <u>8060'</u>			
Perforations <u>OH</u>					Depth Casing Shoe <u>11,986'</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2"</u>	<u>13-3/8"</u>	<u>397'</u>	<u>400 sx circ</u>
<u>12 1/4"</u>	<u>8-5/8"</u>	<u>4458'</u>	<u>1930 sx circ</u>
<u>7-7/8"</u>	<u>5 1/2"</u>	<u>11,986'</u>	<u>1010 TOC @7750'</u>
	<u>2-7/8" tbq.</u>	<u>8060'</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 <u>1-19-82</u>	Date of Test <u>1-19-82</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>14 hrs.</u>	Tubing Pressure	Casing Pressure <u>15#</u>	Choke Size
Actual Prod. During Test	Oil-Bbls. <u>80</u>	Water-Bbls. <u>18</u>	Gas-MCF <u>.7</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

Original signed by: John C. English
(Signature)

Vrea Supervisor _____
(Title)

1/28/82
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY John C. English
John C. English

TITLE Dist. L. Supv.

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 wells.