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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE C.C.
HUBBS-BOWMAN C.C.
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
MAR 28 8 30 AM '66

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator **Anadarko Production Company**

Address **1014 W. Ave K Lovington, New Mexico**

Reason(s) for filing (Check proper box) Other (Please explain)

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name B-6768 - Lease No.	Well No. 1	Pool Name, including Formation Pearsall Queen	Kind of Lease State
Pearsall Queen Sand Unit Tr.13			

Location

Unit Letter **P** ; **660** Feet From The **East** Line and **660** Feet From The **South**

Line of Section **32** Township **17 S** Range **32 E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico P.L. Co.	Box 1510 Midland, Texas
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 P	Sec. 32	Twp. 17 S	Rge. 32 E	Is gas actually connected? No	When
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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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
	X		X					

Date Spudded 11-25-65	Date Compl. Ready to Prod. 3-14-66	Total Depth 3618	P.B.T.D. 3618
Elevations (DF, RKB, RT, GR, etc.) 3885 GL	Name of Producing Formation Queen	Top Oil/Gas Pay 3552	Tubing Depth 3572
Perforations 3553-65			Depth Casing Shoe 3618

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8	308	225
7 7/8	5 1/2	3618	200
2 3/8 5 1/2	2 3/8	3572	

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 Tanks 3-15-66	Date of Test 3-15-66	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr.	Tubing Pressure	Casing Pressure 20	Choke Size
Actual Prod. During Test	Oil-Bbls. 45	Water-Bbls. 0	Gas-MCF 29

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Donald R. Layton
Project Supervisor
3-17-66
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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 multiply completed wells.