

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Anadarko Petroleum Corporation

Address
P. O. Drawer 130, Artesia, New Mexico 88211-0130

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	CASINGHEAD GAS MUST NOT BE
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	FLARED AFTER 8-10-88
	<input type="checkbox"/> Dry Gas	UNLESS AN EXCEPTION TO R-400
	<input type="checkbox"/> Condensate	IS OBTAINED.

If change of ownership give name and address of previous owner. **THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Taylor	Well No. 5	Pool Name, including Formation GB-J-7R-Q-GB-SA	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter E : 1980 Feet From The North Line and 430 Feet From The West Line of Section 30 Township 16S Range 32E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

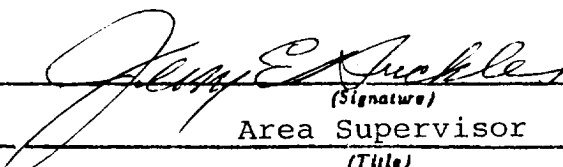
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O.Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 Sec. Twp. Rge. Is gas actually connected? When
P 25 16S 31E	No (TSTM) -

If this production is commingled with that from any other lease or pool, give commingling order number: **-**

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


(Signature)
Area Supervisor
(Title)
06/13/88
(Date)

OIL CONSERVATION DIVISION

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 05/10/88	Date Compl. Ready to Prod. 05/27/88	Total Depth 4015' KB			P.B.T.D. 3968' KB				
Elevations (DF, RKB, RT, GR, etc.) 4180' GL/4185' RT	Name of Producing Formation Grayburg (Premier)	Top Oil/Gas Pay 3904'			Tubing Depth 3917'				
Perforations 3904-12						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		460		265 (Circ)				
7-7/8"	5-1/2"		4014		998 (Circ)				
	2-3/8"		3917						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 06/10/88	Date of Test 06/13/88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 50	Casing Pressure 50	Choke Size none
Actual Prod. During Test 103	Oil - Bbls. 20	Water - Bbls. 83	Gas - MCF 0

GAS WELL

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