

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	
PRODUCTION OFFICE	

Operator
Anadarko Petroleum CorporationAddress
P.O. Box 806 Eunice, NM 88231

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☒
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Request for Test Allowable for
the month of February, 1988

1500 bbl

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Polewski Fed	Well No. 1	Pool Name, Including Formation Lusk-Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM35612
Location Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line of Section 31 Township 19 S Range 32 E , NMPM, Lea Coun				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88210					
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 D	Sec. 31	Twp. 19S	Rge. 32E	Is gas actually connected? No	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 type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Re <input checked="" type="checkbox"/>
Date Spudded April 8, 1963	Date Compl. Ready to Prod. 2-19-88		Total Depth 12,976'		P.B.T.D. 7107'			
Elevations (DF, RAB, RT, CR, etc.) 3518.0 GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 6340'		Tubing Depth 7060'			
Perforations 7024 - 7056					Depth Casing Shoe 7162'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8	48#	845'	350 SX (Circ)
11"	8 5/8	32#	3705'	3350 SX TOC 2100'
7 7/8"	5 1/2	15.5#	7162'	1550 SX (Circ)
	2 7/8	6.5#	7060'	

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 2-12-88	Date of Test 2-21-88	Producing Method (Flow, pump, gas lift, etc.) Pumped	
Length of Test 7 hrs	Tubing Pressure 45#	Casing Pressure 45#	Choke Size -
Actual Prod. During Test 52	Oil - Bbls. 52	Water - Bbls. 0	Gas - MCF 83

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

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.

Field Foreman

(Title)

February 23, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multirecompleted wells.