NO. OF COPIES RECEIVED				
		NEW MEXICO OIL CONSERVATION COMMIL IN Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C		
U.S.G.S.		AND Supersedes Old C-104 and C Effective 1-1-65		
	AUTHORIZATION TO T	RANSPORT OIL AND NAT	URAL CAS	
			URAL GAS	
TRANSPORTER GAS				
OPERATOR	-+			
I. PRORATION OFFICE				
Anadarko Produ	ction Coupany			
		0825 5		
New Well		Other Please expl	ain)	
Recompletion	Change in Transporter of: Oil			
Change in Ownership		Ga . der sate		
If change of ownership give na				
and address of previous owner				
Lease Name	Well No. Pool Name, Including		of Lease	Lease No.
Hew Mexico "U" 3 Location			, total diffe	E1632-1
	1980 Feet From TheOrth		From The West	
Line of Section 28		Leff MARK.	Lea	County
Rame of Authorized Transporter o	•••	Address Gave address to whic	h approved copy of this form	is to be sent)
Name of Authorized Transporter o	Casinghead Gas 🖹 or Dry Gas 🗌	Address / Give address to white	happroved copy of this form	is to be sent)
Continental	<u>l Concany (Gas Sales)</u>	L. Box 2197.	louston, Texas	5 77001
If well produces oil or liquids, give location of tanks.	Unif Sec. Twp. Rge.	is gas actually connected?	When 10 -13-74	
ECOMI LETION DATA	with that from any other lease or pool	, give commingling order numb	er:iQ	
Designate Type of Compl	etion $= (X)$ X	New Well Approver Dee X	pen Plug Back Same	Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	J
Gel De 74 Elevations (DF, RKB, RT, GR, etc	10-18-24	49251	4921	
	Name of Froducing Formation	Tup Oil. Cas Pay	Tubing Depth	
24035 GA	jueen	45761	4619	
4576 to 1			Depth Casing Shoe	
HOLE SIZE		D CEMENTING RECORD		
12211	CASING & TUBING SIZE	DEPTH SET	SACKS C	EMENT
7 7/8"	<u> </u>	14121	1,000	
		49251	450	
7. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	ifier recovery of cose, volume of lo	ad oil and must be equal to a	t exceed top allow
OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours; Fredwoing Method (Flow, pump,		
1.0=26=74 Length of Test	10-27-74		gus lijt, etc.j	_
Length of Test	Tubing Pressure	LAT ID Casing Pressure	Choke Size	
24 hours	140 lsi	40 Fsi		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
GAS WELL		50 Load wat	er 37	
Actual Prod. Test-MCF/D	Length of Test	Bbis, Condensate/MMCF	Gravity of Condensat	•
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
. CERTIFICATE OF COMPLIA	NCE		RVATION COMMISSIC	
I hereby certify that the rules and	d regulations of the Oil Conservation	APPROVED		
Commission have been complied	with and that the information given he best of my knowledge and belief.	BY TO P	Prey	, 19
		TITLE	The second	₩ ²
Jun Eluchle		This form is to be filed	i in compliance with RUL	E 1104.
		If this is a request for	allowable for a newly drift	led or deenened
(54	(nature)	well, this form must be accortexts taken on the well in a	ompanied by a tabulation (of the deviation
		All sections of this for	n must be filled out compl	
4) ۳- مد ۱۹ بیسیان		able on new and recomplete	d wells.	-
	74te)	Fill out only Sections well name or number, or trans	I, II, III, and VI for cha	nges of owner,

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. Senarate Forms C-104 must be filed for each pool in multiply