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SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE		ļ		
IRANSPORTER	OIL			
	GAS			
OPERATOR				
PROFATION OFFICE		<u> </u>		
Operator				

NEW MEXICO OIL CONSERVATION COMMISSION

Form C+104

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1. Effective 1-1-65			
	FILE		AND	•			
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS			
	LAND OFFICE						
	I RANSPORTER OIL						
	GAS	-					
	OPERATOR			•			
1.	PROPATION OFFICE						
	Operator						
	Anadarko Petroleum Co	orporation					
	Address	Midland, Texas 79702					
			Other (Please explain)				
	Reason(s) for filing (Check proper box,			1 1 1755 43			
	New Well	Change in Transporter of:	Change in Owners				
	Recompletion	Cit Dry Ga	AUG I	(1985)			
	Change in Ownership X	Casinghead Gas Conder	nsare []				
			D 0 D 2/07 W	dland, Texas 79702			
	If change of ownership give name and address of previous owner	Anadarko Production Comp	any, P. O. Box 2497, M1	diand, lexas 79702			
	2						
II.	DESCRIPTION OF WELL AND	LEASE	ormation Kind of Lea	se Legse No.			
	Lease Name	Well No. Pool Name, Including F	State Feder				
	Harvard	1 Foster San A	ndres	ree			
	Location			.			
	Unit Letter 0 : 33	O Feet From The South Lin	ne and 2310 Feet From	The East			
	Om Letter						
	Line of Section 31 Tov	waship 18S Range	39Е , ммрм, Lea	County			
F T T	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS	- California do ha conti			
***	Name of Authorized Transporter of Cil	X or Condensate	Address (Give address to which appr 2000 North Tower, Plaza	oved copy of this form is to be sent) a of the Americas			
	JM Petroleum Corporati		D-11 Torres 75201				
	Name of Authorized Transporter of Cas	singhead Gas X or Dry Gas	Address (Give address to which approved copy of this form is to be sem)				
			10 W.W. Frank Phillips	Bldg., Bartlesville, Okla			
	Phillips Petroleum	Unit Sec. Twp. P.ge.		hen 74004			
	If well produces oil or liquids, give location of tanks.	0 31 18S 39E	Yes	September, 1984			
	·	f this production is commingled with that from any other lease or pool, give commingling order number:					
	If this production is commingled wi	th that from any other lease or pool,	Five comminging order manner				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v			
	Designate Type of Completion	on = (X)		1			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Date Spunden						
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
				Depth Casing Shoo			
	Perforations						
		TURING CASING AN	D CEMENTING RECORD				
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	HOLE SIZE	CASING & FORMS SIZE					
				<u> </u>			
			for recovery of total volume of load o	il and must be equal to or exceed top allow			
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (lest must be a able for this do	enth or be for full 24 hours,				
OII. WEII. Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)							
	Date First New Cit Hair 10 Tanas						
		Tubing Pressure	Casing Preseure	Choke Size			
	Length of Test						
		Oil - Bbls.	Water-Bbls.	Gas-MCF			
	Actual Pred. During Test						
	GAS WELL	Length of Test	Bele. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of .est					
			Cosing Pressure (Shut-in)	Choke Size			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	,				
			II CONSERV	VATION COMMISSION			
VI.	7. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION						
that the rules and regulations of the Oil Conservation			ADDROVED AUG	AUG Z U 1900			
			AUG 2 0 1985 APPROVED ORIGINAL SIGNED BY JERRY SEXTON . 19 DISTRICT SUPERVISOR				
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							
above is true and complete to the pest of my knowledge and better							
	/		TITLE				
	10 1		This form is to be filed in compliance with RULE 1104.				
	Elthol Km.	nder	- 11	Il			
(Signature)			If this is a request for allowable for a hour, distribution of the deviation will, this form must be accompanied by a tabulation of the deviation taken on the well in accordance with MULE 111.				

Senior Administrative Specialist

well, this form must be accompanied by a tassistant 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 conditions Separate Forms C-104 must be filed for each pool in multiprocedured wells.