

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.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

Operator
Anadarko Production CompanyAddress
P. O. Box 806 Eunice, New Mexico 88231

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Harvard	Well No. 1	Pool Name, Including Formation Foster San Andres	Kind of Lease State, Federal or Fee	Fee	Lease N
Location Unit Letter <u>0</u> : <u>330-660</u> Feet From The <u>South</u> Line and <u>1980-2310</u> Feet From The <u>East</u> Line of Section <u>31</u> Township <u>18S</u> Range <u>39E</u> , NMPM, Lea Count					

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) Box 50893 Midland, Texas 79710					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 31	Twp. 18S	Rge. 39E	Is gas actually connected? Yes	When September 20, 1984

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	Some Res'v.	Diff. Re
Date Spudded 3-26-84	Date Compl. Ready to Prod. 4-18-84		Total Depth 4533		P.B.T.D. 4516'			
Elevations (DF, RKB, RT, GR, etc.) 3605.6	Name of Producing Formation San Andres		Top Oil/Gas Pay 4472		Tubing Depth 4500			
Perforations					Depth Casing Shoe 4533			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	1835	900 SX
7 7/8"	5 1/2"	4533	260 SX

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks 5-25-84	Date of Test 6-4-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure 20#	Casing Pressure	Choke Size
Actual Prod. During Test 173	Oil-Bbls. 27	Water-Bbls. 156	Gas-MCF 40.2

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

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

John English

Area Supervisor

September 18, 1984

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

SEP 24 1984

APPROVED _____, 19____

Eddie W. Seay

BY _____ Oil & Gas Inspector

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 devia
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of ow
well name or number, or transporter, or other such change of conditSeparate forms C-104 must be filed for each pool in mult
completed wells.