Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

l•		10 1117	11101	Oili	<u> </u>	MIND IN	TOTIVE C					
Operator								Well	API No.			
Anadarko Petroleum Corporation						30-025-29573-000					0000	
Address												
P.O. Drawer 130,		a, Nev	v Me	<u>exico</u>	8	<u> 38211-</u>						
Reason(s) for Filing (Check proper box)						KX Oth	er (Please expl	ain)				
New Well		Change in	1		1	Des	ianatio	n of	transpo:	rtar of	ase	
Recompletion \square	Oil	_	Dry (_	J 1	DCS	19114110	,11 01	cranspo.	rcer or	yas	
Change in Operator	Casinghe	ad Gas	Cond	lensate _								
f change of operator give name and address of previous operator												
-		4.65										
I. DESCRIPTION OF WELL	AND LE		15. 1			- F		V:-	4 of 1 ann		ase No.	
Lease Name Burleson Federal		Well No.	į.			g Formation	Dalarra	7678	d of Lease & Federal ok Fei	. 1		
· · · · · · · · · · · · · · · · · · ·		1 3	Que	erecne	<u> </u>	rains	Delawa	ire	· · · · · · · · · · · · · · · · · · ·	1 1/1/1-1	4000	
Location G		2310			No	orth	. 22	10		Fact		
Unit Letter	:	2310	_ Feet	From The	TAC	DI CII Lin	e and23	10	Feet From The	East	Line	
Section 26 Towns	<u>.</u> 19	8S	D	. 3'	2E	M	MPM,			Ton	County	
Section 26 Towns	nip 10	0.5	Rang	<u>ge 3.</u>	4 E	, 191	virivi,			ьеа	County	
III. DESIGNATION OF TRA	NSPODTI	ER OF O	II. A	ND NAT	TIP	AL GAS						
Name of Authorized Transporter of Oil		or Conde				Address (Giv	e address to wi	hich approv	ed copy of this f	orm is to be se	ni)	
Navajo Refining Co				na Dir				• •	Artesia			
Name of Authorized Transporter of Cas	inghead Gas	XX		ry Gas					ed copy of this f			
Phillips 66 Nature		_ —		-					92sa T			
If well produces oil or liquids,	Unit	Sec.	Twp.				y connected?	Wh				
ive location of tanks.	i G	26	1188	•	3	Y	es	1_	11-1	3-90		
f this production is commingled with the	at from any ot				nglir	ng order num	ber:					
V. COMPLETION DATA												
		Oil Wel	1	Gas Well		New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completio			L				1	<u>L</u>		1		
Date Spudded	Date Com	ipi. Ready t	o Prod	•		Total Depth			P.B.T.D.			
					,	T. Oliga B						
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas	Pay		Tubing Dep	Tubing Depth		
										Depth Casing Shoe		
Perforations									Depth Casit	ig Snoe		
							NO BECCE	ND.				
					D (CEMENTI	NG RECOR					
HOLE SIZE	C/	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
	_				}							
					\dashv							
TOT DATA AND DEOL	CCT FOD	ATT OW	ADI	<u> </u>						······		
V. TEST DATA AND REQUIDED WELL (Test must be after					wet k	e equal to or	exceed top all	owable for i	this depth or be	for full 24 hou	rs.}	
OIL WELL (Test must be after Date First New Oil Run To Tank			. <i>0</i> j 100	o ou white it			ethod (Flow, p			, ,	····	
Date First New Oil Run To Tank Date of Test												
Length of Test	Tubing Pr	Tubing Pressure				Casing Press	ure		Choke Size	Choke Size		
months of your	Lucing Pleasure											
ual Prod. During Test Oil - Bbls.				\dashv	Water - Bbls			Gas- MCF	Gas- MCF			
	5 2013											
GAR WIDT					1.						· · · · · ·	
GAS WELL	11	Tart				Rhie Conde	sale/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbis. Condensate/MMCF			Jian Ny Oi	CITTY OF COMMUNIC		
ecting Method (nitot, back pr.) Tubing Pressure (Shut-in)						Casing Pressure (Shut in)			Choke Size	Choke Size		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)						Casing 1 resource (Orthon 111)						
	_!	F CC: 1	DI 7 1	NOT	{				1			
VI. OPERATOR CERTIFI						(OIL CON	VSERV	VATION	DIVISIO	N	
I hereby certify that the rules and reg Division have been complied with a	ulations of the	e Oil Conse	rvation) DVe	- [SIE SSINGEITVAT				3		
Division have been complied with an is true and complete to the best of m	y knowledge:	ormation gr and belief.	*CD #0(J16	- 1	D=1		d		1 4 4	j	
15 0150 5150 SOMPLES SO BIC OCK OF IN	,,	7				Date	Approve	90	······································			
Ken	911	uk	11 -	,	l					-, -	C 3.1	
Signature	v	will	w		-	By_		· 's ·		- 남씨의 왕 (청년 	• :-	
Jerry/F. Buckle	s	Area S	Supe	ervis	pr				. •	'Æ}K		
Printed Name		1505	Title		<u> </u>	Title						
November 13, 19	90			<u>8-3368</u>	3							
Date		Tel	lephone	e No.		1						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.