

Submit 5 Copies
Appropriate District Office
DISTRICT I
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 II
P.O. Drawer DD, Artesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Anadarko Petroleum Corp.	Well API No.
Address P.O. Box 2497 Midland, TX. 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator TXO Production Corp. 415 W. Wall Suite 900 Midland, TX. 79701	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Burleson Federal	Well No. 3	Pool Name, Including Formation Querecho PlainsU. Bone Spring	Kind of Lease State, (Federal) or Fee	Lease No. NM-1400
Location				
Unit Letter G : 2310 Feet From The North Line and 2310 Feet From The East Line				
Section 26 Township 18-S Range 32-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Services	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558 Breckenridge, TX. 76024	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) 4001 Penn Brook TX. 79762	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 26
	Twp. 18-S	Rge. 32-E
	Is gas actually connected? Yes	When? 4/1/86

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 XX	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1/26/86	Date Compl. Ready to Prod.		Total Depth 8730		P.B.T.D. 8566			
Elevations (DF, RKB, RT, GR, etc.) 3752 GL & 3763 KB	Name of Producing Formation Upper Bone Springs		Top Oil/Gas Pay 8547		Tubing Depth			
Perforations 8547 - 8616					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 - 1/2	11 - 3/4		350		485sx "C" 2% CaCl			
11	8 - 5/8		2804		1500sx lite & 500sx			
7 - 7/8	4 - 1/2		8729		1600sx lite & 100sx			

V. 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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. OPERATOR 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.

Signature B. W. Griffin
Printed Name B. W. Griffin (915) 682-1666 Title
Date 1-9-90 Telephone No.

OIL CONSERVATION DIVISION
FEB 05 1990

Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

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.