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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

DISTRICT II P.O. Drawer DD, Antenia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	1	O THA	NSPC	HI OIL	AND NA	UHAL GA						
Operator		Janna-	v - + + :	o n			We	il AP	I NO.			
Anadarko Petr	oreum C	orpoi	ratio	OU		·						
P.O. Drawer 1	30. Art	esia	. Ne	w Mex	ico 88	211-01	30					
Reason(s) for Filing (Check proper box)						et (Please expla						
New Well		Change in	Transpor	ter of:	D	esigna [.]	tion	of	trans	porter	of	
Recompletion	Oil		Dry Gas			Oil a	nd Ca	si	nghead	Gas.		
Change in Operator	Casinghead	Gas 🗌	Condens	ute 🗌								
f change of operator give name nd address of previous operator												
• •	ANDIEA	cr										
I. DESCRIPTION OF WELI Lease Name			Pool Na	me, Includi	ng Formation	Lower	Ki	nd of	Lease	L	ease No.	
PE-JE-AN Fede	1	1	i		-	-Bone		16E, F	ederal of Te	NM-2	5513	
Location												
Unit Letter K	:198	30	Feet Fro	om The $\frac{S}{S}$	outh Lim	and $\frac{19}{1}$	80	Feet	From The	West	Line	
Section 26 Towns	hip 189	2	Range	32E	. NI	мрм,				Lea	County	
Section 26 Towns	nip 101	<u> </u>	Kange	320						100		
II. DESIGNATION OF TRA				NATU	RAL GAS				af chia f	is to be a		
Name of Authorized Transporter of Oil	KX	or Conden				e address to wi						
Navajo Refining Co			King or Dry (rawer e address to wi						
Phillips Petroleum			•		,	enbroo						
If well produces oil or liquids,			Twp.			y connected?				ected k		
give location of tanks.	K	26		32E_	1	es				owner	-	
f this production is commingled with the	nt from any other	er lease or	pool, giv	e commingl	ing order num	ber:						
IV. COMPLETION DATA					,	·	1 -				<u> </u>	
Designate Type of Completio	n . (X)	Oil Well	0	as Well	New Well	Workover	Deepe	n	Plug Back	Same Res'v	Diff Resiv	
Date Spudded		Date Compl. Ready to Prod.				Total Depth				P.B.T.D.		
Date Speeded						·						
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
rforations									Depth Casing Shoe			
r Circuations									•			
	T	UBING,	CASIN	NG AND	CEMENTI	NG RECOR	SD					
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
					ļ							
V. TEST DATA AND REQU	EST FOR A	LLOW	ABLE		J		-	1				
OIL WELL (Test must be after	r recovery of to	tal volume	of load o	oil and musi	be equal to or	exceed top all	lowable for	this	depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Tes				Producing M	ethod (Flow, p	ump, gas l	lift, et	c.)			
					Casing Press				Choke Size			
Length of Test	Tubing Pre	ssure			Casing Press	ure						
Actual Prod. During Test	Oil - Bbls.				Water - Bbis	Water - Bbis.			Gas- MCF			
Actual Prod. During Test	Oli - Bois.											
GAS WELL					<u> </u>			-				
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nsate/MMCF			Gravity of	Condensate		
					<u> </u>							
Testing Method (pitot, back pr.)	ethod (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size		
L					-\r				l			
VI. OPERATOR CERTIF				ICE	11 (NSEE	N/A	MOITA	DIVISION	ON.	
I hereby certify that the rules and re-	gulations of the	Oil Conser	rvation			OIL COI	101		MΔ	RO	1990	
Division have been complied with a is true and complete to the best of n	na unat une muor ny knowledge ar	nd belief.	en souve	•					1411_	11 V %	. 	
	_				Date	Approve	eu					
(Sun Falen Al									Orig. Si			
Signature					By_	By Paul Kautz						
Jerry F. Buckle	s Are	a Sup	ervi Title	sor	-				(m ev)1	-6×04		
Printed Natine 02/21/90		505/7		368	Title							
Date			ephone N		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.







Job separation sheet

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DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico ___argy, Minerals and Natural Resources Departm.

RECEIVED

See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DEC 29'89

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			·		CAICO 07504				-		
I.	REQ		_		BLE AND AU . AND NATU			C, C, D. ARTESIA, OFFIC	*		
Operator		10 IA	MOPC	JAT OIL	AND NATO	JAAL GA		PI No.			
Anadarko Petro	leum	Corpoi	ratio	n							
Address		<u> </u>					L				
P.O. Drawer 130	0, Ar	<u>tesia</u>	, New	v Mexi	co 882	11-013	0				
Reason(s) for Filing (Check proper box)		Chamas is	. T	den of:	Other	(Please expla	un) 2	7 + 01.			
New Well	Oil	Change in	Dry Gas		: Ca	a f	aera	" to lea	se ma	me.	
Change in Operator	Casinghe	_	Conden								
If about of another size some	 -				30x 100,	Artes	ia. Ne	w Mexico	 2 8821	 l 0	
II. DESCRIPTION OF WELL						ower					
Lease Name	AND DE		Pool Na	me, Includ	ing Formation	Upper	Kind r	Lease , ,	Lear	se No.	
PE-JE-AN Federal		1			Plains	Bone S	pr MXX	Federal oi	NM-25	5513	
Location					· · · · /\		· ,				
Unit LetterK	_ : <u> </u>	980	_ Feet Fro	om The	South Line	nd 198	0 Fe	et From The	West	Line	
Section 26 Township	, 18	S	Range	32E	, NMI	PM,			Lea	County	
III. DESIGNATION OF TRAN	CD()DT	ED OF O	II ANI	D NATII	RAL GAS						
Name of Authorized Transporter of Oil	SPUKI.	or Conde				address to wh	ich approved	copy of this form	n is to be sent,)	
Navajo	Navajo										
Name of Authorized Transporter of Casing	head Gas		or Dry	Gas	Address (Give a	address to wh	ich approved	copy of this form	n is to be sent,)	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually o	connected?	When	?			
give location of tanks.	L	<u></u>	<u> </u>	L	<u> </u>		L				
If this production is commingled with that if IV. COMPLETION DATA	from any o	ther lease or	pool, giv	e comming	ling order number	r:					
TV. COMPENSATION STATE		Oil Wel	ı C	ias Well	New Well	Workover	Deepen	Plug Back S	ıme Res'v	Diff Res'v	
Designate Type of Completion	- (X)	<u> </u>	İ_		11			<u> </u>			
Date Spudded	Date Cor	npl. Ready t	o Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pa	y		Tubing Depth			
Elevations (DF, MAB, M1, OM, stc.)								0 1			
Perforations	`							Depth Casing S	shoe		
		TUDING	CASIN	IC AND	CEMENTING	G RECOR	D	<u> </u>			
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					EPTH SET		SACKS CEMENT			
TIOLE SIZE	HOLE SIZE CASING & TOBING SIZE				<u> </u>						
					 						
V. TEST DATA AND REQUES	TEOD	ALLOW	ARIF		<u> </u>						
OIL WELL (Test must be after re	ecovery of	total volume	of load o	oil and mus	be equal to or ex	xceed top allo	wable for this	depth or be for	full 24 hours.	.)	
Date First New Oil Run To Tank	Date of T		·		Producing Meth						
					<u> </u>			16			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.				Water - Bbls.			Gas- MCF			
Actual Flor. During Foot	OII - BOI	-					· · · · · · · · · · · · · · · · · · ·				
GAS WELL											
Actual Prod. Test - MCF/D	Length o	Test			Bbls. Condensa	te/MMCF	-	Gravity of Con	densate		
					Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure	: (Situt-111)		Clore size				
VI. OPERATOR CERTIFIC	ATE O	F COM	PLIAN	ICE			.OES: :	ATION 5		· · · · ·	
I hereby certify that the rules and regula	stions of th	e Oil Conse	rvztion		0	IL CON	ISEKV.	ATION D	IVISIO	1	
Division have been complied with and	Date Approved JAN 0 3 1990										
is true and complete to the best of my i	mowieage	airi Deilei.			Date	Approve	d	UHIT U) IJJŲ		
6.11 111 Shul	<i>ij</i>										
Signature			·		By			ভাৰ তথ ় চিয় ম	e gexton		
Bill W. Griffin					ORIGINAL SIGNED BY JERRY SEXTON DISTRICT LODGEN VISUR						
Printed Name December 21, 1989	ı	915)6	Title 82-16	566	Title_	· · · · · · · · · · · · · · · · · · ·	2191510	·		788	
Date			ephone N								

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