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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.	<u>T</u>	O TRAI	NSPORT O	IL AND NA	TURAL GA					
Operator Anadarko Petro		Well API No. 30-025-28152								
Address P.O. Drawer 130, Artesia, New Mexico 88211-0130										
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Change in Ory Gas Change in Operator Change in Operator Change in Condensate Change in Operator Change in Operator										
If change of operator give name Carry T. Ronnott D.O. Roy 16844 Lubbook Toyas 79490										
and address of previous operator Gary II. Bellifett, F.O. Box 10044, Hubboth, Texas 79490 II. DESCRIPTION OF WELL AND LEASE										
Lease Name Bennett Federal Well No. Pool Name, Includi Querecho								CLEASE No. NM-04371-A		
Location Unit LetterK	:23	10	Feet From The	outh u	e and	0 Fe	et From The	West	Line	
Section 22 Township	18S		Range 32	E ,N	мрм,			Lea	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										
Name of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved copy of this form is to be sent) Navajo Refining Company, Trucking Div. P.O. Drawer 159, Artesia, NM 88210 Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)									8210	
Name of Authorized Transporter of Casing Phillips 66 Natural							sa, Texas 79762			
If well produces oil or liquids, give location of tanks.	Unit !	Sec. Twp. Rge. Is gas actually connected? When ?								
If this production is commingled with that f	K rom any other		18S 32E				04-0	4-83		
IV. COMPLETION DATA										
Designate Type of Completion -	(X)	Oil Well	Gas Well	New Well	Workover 	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	pudded Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Cas	Top Oil/Oas Pay			Tubing Depth		
Ferforations					Depth Casing Shoe					
TUBING, CASING AND										
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET	· · · · · · · · · · · · · · · · · · ·	SACKS CEMENT			
				_			1			
V. TEST DATA AND REQUES							J			
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 Press	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	-		Water - Bbis	Water - Bbis.			Gas- MCF		
GAS WELL							1		J	
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate		
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Press	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.					OIL CONSERVATION DIVISION Date Approved					
Jam & Duchle				By_	• •				***	
Signature Jerry E. Buckles Area Supervisor Frinted Name Title				Title		•	1 , C -585831	<u> </u>		
September 26, 1990 (505)748-3368 Date Telephone No.										

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.