

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

Operator Anadarko Petroleum Corporation		Well API No. 30-025-31231
Address P.O. Drawer 130, Artesia, New Mexico 88211-0130		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
Recompletion <input type="checkbox"/>		
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator <u>ac. 41-31</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Exxon Federal	Well No. 1	Pool Name, Including Formation Wildcat Delaware	Kind of Lease State, Federal <input checked="" type="checkbox"/>	Lease No. NM-65976
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>560</u> Feet From The <u>West</u> Line Section <u>19</u> Township <u>19S</u> Range <u>33E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

1-800-592-1430

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Lantern Petroleum	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2281, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? <u>E</u> <u>19</u> <u>19S</u> <u>33E</u> <u>No</u> <u>--</u>

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>
Date Spudded 06/05/91	Date Compl. Ready to Prod. 08/05/91	Total Depth 7750'
Elevations (DF, RKB, RT, GR, etc.) 3608' GL	Name of Producing Formation Delaware	Top Oil/Gas Pay 5492'
Perforations 7400'-15'; 5982'-6020'; 5690'-5706'; 5640'-56'; 5536'-50'; 5492'-5511'		Tubing Depth 6060'
		Depth Casing Shoe 7749'
TUBING, CASING AND CEMENTING RECORD		
HOLE SIZE 20"	CASING & TUBING SIZE 16" conductor	DEPTH SET 40'
14-3/4"	10-3/4"	1050'
9-7/8" & 7-7/8"	5-1/2"	7749'
		SACKS CEMENT redimixed to surface 1000 sx - circ 3125 sx - circ

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 08/05/91	Date of Test 08/10/91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 30	Casing Pressure 30	Choke Size None
Actual Prod. During Test 130	Oil - Bbls. 36	Water - Bbls. 94	Gas- MCF TSTM

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 Jerry E. Buckles
Printed Name Jerry E. Buckles Area Supervisor
Date 08/14/91 Telephone No. (505) 748-3368

OIL CONSERVATION DIVISION

Date Approved 08/20/1991

By [Signature]

Title [Signature]

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.