

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 A/H No. 30-025-30513
Address P.O. Box 806 Eunice, NM 88231		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) 110		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> Request to sell 72 Bbls test oil	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	June 19 89
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hood "S"	Well No. 1	Pool Name, Including Formation Wildcat	Kind of Lease State, Federal, or Fee XXXXXXX	Lease No.
Location Unit Letter B : 860 Feet From The North Line and 1980 Feet From The East Line Section 8 Township 17S Range 38E, 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"/> J.M. Petroleum	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6527 Midland, Tx 79711	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None designated at this time	Address (Give address to which approved copy of this form is to be sent) NA	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 8
	Twp. 17S	Rge. 38E
	Is gas actually connected? NA	When? NA

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. 2-22-89		Total Depth 11,800		P.B.T.D. 11,306			
Elevations (DF, RKB, RT, GR, etc.) 3714.2 GL	Name of Producing Formation Strawn		Top Oil/Gas Pay 11,218		Tubing Depth PKR 11,190			
Perforations 11,218-21, 11,241-47, 11,262-65, 11,273-76, 11,280-86					Depth Casing Shoe 11,800			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	426'	400 SX
11"	8 5/8"	4490'	1700 SX
7 7/8"	5 1/2"	11,800'	875 SX
	2 7/8"	11,190' PKR	

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 2-22-89	Date of Test 3-15-89	Producing Method (Flow, pump, gas lift, etc.) Swabbed	
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   
Printed Name Rick L. Langley Title Field Foreman  
Date May 30, 1989 Telephone No. 505-394-3184

OIL CONSERVATION DIVISION

JUN 1 1989

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.

**RECEIVED**

**MAY 31 1989**

OCD  
HOBBS OFFICE

906 - 239 - 516 - 1