

NEW MEXICO OIL CONSERVATION COMMISSION
DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

1. **PRODUCER**
ANADARKO PRODUCTION COMPANY
Address: P. O. Box 9317, Fort Worth, Texas 76107
Reason(s) for filing (Check proper box):
New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐
Improvement ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain): Placed into Teas Yates Unit effective January 1, 1971-former lease name was Federal "AB"-now Tr. No.13

If change of ownership give name and address of previous owner

II. **DESCRIPTION OF WELL AND LEASE**
Well Name: Teas Yates Unit Tr. 13
Well No.: 1
Pool Name, including Formation: Teas Yates Seven Rivers
Kind of Lease: Federal
State, Federal or Foreign: NM-05143
Location: Unit Letter M, 660 Feet From The South Line and 660 Feet From The West
Line of Section 11, Township 20S, Range 33E, NMDL, Lea County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Name: Teas-Hart Service Pipe Line Company
Address: Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Name: None
Address:
If well produces oil or liquids, give location of tanks: Unit M, Sec. 11, Twp. 20S, Rge. 33E, NO
Is gas actually connected? When

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 ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Restv. Diff. Restv. ☐
Time Spended: Date Compl. Ready to Prod.: Total Depth: P.H.T.D.:
Name of Producing Formation: Top Oil/Gas Pay: Tubing Depth:
Depth Casing Shoe:

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. **TEST DATA AND REQUEST FOR ALLOWABLE** (Test must be after recovery of total volume of load oil and must be equal to or exceed top all m-able for this depth or be for full 24 hours)
Oil Well:
Time First New Oil Run To Tanks: 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: Casing Pressure: Choke Size:

VI. **CERTIFICATE OF COMPLIANCE**
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
M.F. Nelson
District Superintendent
January 15, 1971
(Date)

OIL CONSERVATION COMMISSION
APPROVED: JAN 19 1971, 19
BY: [Signature]
TITLE: [Signature]
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in a field.

RECEIVED

JAN 11 1971

OIL CONSERVATION COMM.
DOBBE, N. H.