TES RECE	i		
RIBUTIO) N		
E			
	-		
OFFICE			
PORTER	OIL		
	GAS		

NEW MEXICO OIL CONSERVATION COMMISSIO!

Form C-104

E	REQUEST	REQUEST FOR ALLOWABLE	
			GAS
)FFICE	_ J۱	ANSPORT OIL AND NATURAL (UN 28 33 AM 66	
PORTER	4		
ATOR	4		
RATION OFFICE	1		
ANADARKO PRODUCTIO	ON COMPANY		
ess P O Roy 0217 Fo	ort Worth Tayes		
P. O. Box 9317, Fo		Other (Please explain)	
w We!I	Change in Transporter of:		
ecompletion	Oil Dry G		me from Federal 11
thange in Ownership X	Casinghead Gas Conde	ensate	
f change of ownership give name and address of previous owner	Union Texas Petroleum	Corporation, Box 196, Mi	dland, Texas
DESCRIPTION OF WELL AND	LEASE	Formation Kind of Leas	se Lease No.
Lease Name	Well No. Pool Name, Including I	Sinter, Feder	0.050
Federal 11-M	l Teas Yates		
Unit Letter M ; 66	O Feet From The S Li	ne and <u>660</u> Feet From	The
	ownship 20S Range	33E , NMPM, Les	B. County
	TER OF OH AND NATURAL G	48	
Name of Authorized Transporter of Of	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)
Cities Service Petrol	eum Company	Bartlesville, Oklahor	ma.
Name of Authorized Transporter of Co	asinghead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sem,
None	Unit Sec. Twp. Rge.	Is gas actually connected? Wi	hen
If well produces oil or liquids, give location of tanks.	Unknown	No	
If this production is commingled w	ith that from any other lease or pool	, give commingling order number:	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Rest
Designate Type of Complet			P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B. 11D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			
	TUBING, CASING, A	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		_	
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this	after recovery of total volume of load of depth or be for full 24 hours)	il and must be equal to or exceed top all
OIL WELL Date 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
		Water - Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.	Wdiei-Bais.	
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	NOE	OU CONSERV	ATION COMMISSION
71. CERTIFICATE OF COMPLIA	NCE		
I hereby certify that the rules an	d regulations of the Oil Conservation	n APPROVED	, 19
Commission have been complied	with and that the information give		(14 el)

VI. C

is true and complete to the best of my knowledge and belief.

Records Supervisor Chaffin (Title)

June 24, 1968 (Date)

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 only Sections I, II, III, and VI 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 multiply completed wells.