

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. 30-025-01731
Address		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	<input checked="" type="checkbox"/> Other (Please explain) Reactivation of this T.A. well.	
Recompletion <input type="checkbox"/>	Change in Transporter of:	
Change in Operator <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <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 Teas Yates Unit Tr. 5	Well No. 4	Pool Name, Including Formation Teas Yates 7-Rivers	Kind of Lease <del>State</del> , Federal <del>Lease</del>	Lease No. LC-065658
Location				
Unit Letter <u>E</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line				
Section <u>14</u> Township <u>20S</u> Range <u>33E</u> , 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"/>	Address (Give address to which approved copy of this form is to be sent) PO Drawer 159, Artesia, NM 88211	
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) 10 W.W. Frank Phillips Bldg, Burtleville	
GPM	Is gas actually connected? <input checked="" type="checkbox"/> When? <u>May 1983</u> OK 74004	
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>14</u> Twp. <u>20S</u> Rge. <u>33E</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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-24-53	Date Compl. Ready to Prod. 12-14-82		Total Depth 3416'		P.B.T.D. 3334'			
Elevations (DF, RKB, RT, GR, etc.) 3578 GL	Name of Producing Formation Yates		Top Oil/Gas Pay 3163		Tubing Depth 3132'			
Perforations 3163-93 3198-3208 3213-64 3284-3300'					Depth Casing Shoe 3370'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8 1/4"	7" 20#		3370		450 sx			
7"	4 1/2" 10.5#		3364		250 sx			

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 12-20-82	Date of Test 12-03-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 60#	Casing Pressure 60#	Choke Size NA
Actual Prod. During Test 415	Oil - Bbls. 4	Water - Bbls. 411	Gas - MCF 2 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.

Mike Braswell  
Signature  
Mike Braswell, Field Foreman  
Printed Name  
12-03-93 (505) 677-2411  
Date Telephone No.

OIL CONSERVATION DIVISION

DEC 09 1993

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.