

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

I. **Operator**
Andarko Production Company
Address: **P.O. Box 806 Eunice, New Mexico 88231**
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain): **CASINGHEAD GAS MUST NOT BE TRANSPORTED 4/17/75 UNLESS A CERTIFICATE TO A-1970 IS RECEIVED.**
If change of ownership give name and address of previous owner: _____

II. **DESCRIPTION OF WELL AND LEASE**
Lease Name: **Teas Yates Unit Tr. 5** Well No.: **5** Pool Name, Including Formation: **Teas Yates Seven Rivers** Kind of Lease: **Federal** Lease No.: **LC065658**
Location: **D 990 North 990 West**
Unit Letter: **14** Feet From The **20-S** Line and **33-E** Feet From The **Lea** County
Line of Section: **14** Township: **20-S** Range: **33-E** NMPM, **Lea** County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**
Name of Authorized Transporter of Oil: ☒ **Texas New Mexico Pipe Line Company** Address (Give address to which approved copy of this form is to be sent): **P. O. Box 1510, Midland, Texas 79701**
Name of Authorized Transporter of Casinghead Gas: ☐ or Dry Gas ☐ 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 H Sec. 14 Twp. 20S Rge. 33E** Is gas actually connected? **No** 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 Res'tv. ☐ Diff. Res'tv. ☐
Date Spud: **9-9-74** Date Completed Ready to Prod.: **9-11-74** Total Depth: **3385'** P.B.T.D.: **3375'**
Explorations: **RKB** Name of Producing Formation: **Yates** Top Oil/Gas Pay: **3187' Oil** Casing Depth: **3100'**
3187-3250 & 3277-3338' .4" dia Depth Casing Shoe: **3085'**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE: **12 1/4"** CASING SIZE: **9-5/8"** TUBING SIZE: **3 1/2"** DEPTH SET: **1420'** SACKS CEMENT: **560 sks.-circulated**
8-3/4" **7"** **3085'** **420 sks.**
6 1/2" **5 1/2" liner** **2-3/8" Tbg.** **Top 2943' Bottom 3375'** **50 sks.**

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 of Test: **9-18-74** Date of Test: **9-19-74** Producing Method (Flow, pump, gas lift, etc.): **Pump**
Depth of Test: **2943'** Tubing Pressure: **None** Casing Pressure: **None** Choke Size: _____
Actual Prod. During Test: **74 Bbls.** Oil-Bbls.: **37** Water-Bbls.: **37** Gas-MCF: **TSTM**

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: _____

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.

Herb Anderson
Area Supervisor (Signature)

1-23-75
(Title)
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY **Carl Ramsey**
TITLE _____

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