

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Anadarko Production Company

Address

P.O. Box 806 Eunice, New Mexico 88231

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Teas Yates Unit Tract 2</u>	<u>4</u>	<u>Teas Yates Seven Rivers</u>	State, Federal or Fee <u>Federal</u>	<u>LC070311</u>
Location				
Unit Letter <u>E</u> : <u>2635</u> Feet From The <u>North</u> Line and <u>1980'</u> Feet From The <u>West</u>				
Line of Section <u>13</u> Township <u>20S</u> Range <u>33E</u> NMPM, <u>Lea</u> County				

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)					
<u>Texas-New Mexico Pipeline Company</u>	<u>P.O. Box 1510 Midland, Texas 79702</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Phillips Petroleum Company</u>	<u>P.O. Box 2130 Hobbs, New Mexico 88240</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>H</u>	<u>14</u>	<u>20S</u>	<u>33E</u>	<u>Yes</u>	<u>5-7-83</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<u>3-24-83</u>	<u>5-7-83</u>		<u>3386'</u>		<u>3386'</u>			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>3610.8'</u>	<u>Teas Yates Seven Rivers</u>		<u>3290'</u>		<u>3359'</u>			
Perforations					Depth Casing Shoe			
<u>Open Hole</u>					<u>3220'</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>14-3/4"</u>	<u>10-3/4"</u>	<u>1398'</u>	<u>1130 Δx</u>
<u>9-7/8"</u>	<u>7-5/8"</u>	<u>3210'</u>	<u>1250 Δx</u>

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>5-7-83</u>	<u>5-8-83</u>	<u>Pump</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 Hrs.</u>	<u>25#</u>	<u>25#</u>	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>81</u>	<u>79</u>	<u>2</u>	<u>14.3</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pucl, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.Shurard R. Hackett
(Signature)

Field Foreman

May 11, 1983

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 16 1983, 19BY ORIGINAL SIGNED BY EDDIE SEAYTITLE OIL & GAS INSPECTOR

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 allow-
able 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



J. A. PRICE & COMPANY

P. O. BOX 125
ODESSA, TEXAS 79760
PHONE (915) 563-3139

JAMES A. PRICE
PRESIDENT

April 7, 1983

Anadarko Production Company
P. O. Box 806
Eunice, New Mexico 88231

Attn: Mr. John English

RE: Lease in Lea County, New Mexico
Teas Yates 2-4

Dear Sir:

Depth	Angle
475'	1/2°
946'	1/2°
1118'	1/2°
1208'	1°
1407'	1/4°
1679'	1-1/4°
2156'	1-3/4°
2282'	1-1/4°
2587'	3°
2780'	4°
2870'	3-3/4°
2995'	4°
3086'	4-3/4°
3148'	4-1/4°
3178'	4°
3220'	3-1/2°

Sincerely,

James A. Price
James A. Price
President

WITNESS

Jay Wachter

WITNESS

Bruce Kimmell

Subscribed and sworn to me this 7th day of April, 1983.

Annette Brizance
Notary Public