Submit 5 Copies
Appropriate District Office
D'STRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

I.

Operator

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 State of New Mexico ergy, Minerals and Natural Resources Departn

#### OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

#### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Anadarko Petro	leum Corporation	Well API No. 3002525961
	Eunice, NM 88231	
Reason(s) for Filing (Check proper box)         New Well         Recompletion         Change in Operator	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate	[X Other (Please explain) Show affective date ? Please back approval date to Feb. 1, 1993 on change of operator
If change of operator give name and address of previous operator		

# II. DESCRIPTION OF WELL AND LEASE

Lease Na			_		Well No.	Pool Na	me, Inc	luding	Formation		Kind of Lease	Lease	No
	Langl	ey G	etty	Com	1	Lan	gley	ΥĒ	llenburgen	Gas	State, Federal or Fee	Fee	
Location			······································		<b>L</b>	1				<u></u>		-l	
	Unit Letter	N		.:79	0	Feet Fro	m The	S	outhLine and	2310	Feet From The	lest	Line
	Section	21	Township	22	S	Range	36	Е	, NMPM,	Lea	а		County

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## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of a Jeyas New Merric		or Condensate	, M	Address (Give address to which	n approved copy of this form is to be sent)		
Name of Authorized Transporter of C Warren Ret +	Casinghead Gas	ichardon			h approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit	Sec. Tw		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	n - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Cor	mpl. Ready to Pr		Total Depth	L	I	P.B.T.D.	<u> </u>	- <b>L</b>	
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing Form	ation	Top Oil/Gas 1	Pay		Tubing Dep	ւհ		
Perforations	<u></u>			-l			Depth Casing Shoe			
		TUBING, CA	ASING AND	CEMENTI	NG RECOR	D	<u>i</u>			
HOLE SIZE	C/	ASING & TUBI	NG SIZE	DEPTH SET SACK				SACKS CEM	KS CEMENT	

## 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
Date of Test
Producing Method (Flow pump was lift etc.)

Date of Test	Producing Method (Flow, pump, gas lift, etc.)				
Tubing Pressure	Casing Pressure	Choke Size			
Oil - Bbis.	Water - Bbls.	Gas- MCF			
	Tubing Pressure	Tubing Pressure Casing Pressure			

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Buls. Condensate/MMCF	Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
I hereby certify that the rules and a	FICATE OF COMPLIANCE regulations of the Oil Conservation and that the information given above	OIL CONSER	OIL CONSERVATION DIVISION				
is true and complete to the best of	my knowledge and belief.	Date Approved					
Signature John Englis	h Area Supervisor	By Or Shall and	By ORGINAL A PAGE OF CONTRACTOR				
Printed Name	993 394-3184	Title					
Date	Telephone No.	-					

**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.