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

Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Pag

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 JIL CONSERVATION DIVISION
P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aziec, NM 87410	DE
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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well.	API No.		
Anadarko Petroleum	Corpora	ation					300	02530408	₩	
Address	. <u> </u>					 	1 99	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>	
P.O. Drawer 130,	Artesia	, New	Mexi	co 882	211-0130					
Resson(s) for Filing (Check proper box)		·			Oth	et (Piease explo	uis)			
New Well		Change in	Тгальеро	orter of:						
Recompletion	Oil		Dry G							
Change in Operator	Casinghead	Gas 🔲	Conde							
change of operator give name										
and address of previous operator \underline{AB}	CU 01.1	& Gas	Comp	any.	0_Box	<u> 1610, N</u>	Midland	<u>TX 79</u>	702	
L DESCRIPTION OF WELL	AND LEA	SE								
Lease Name			Pool N	ame, Includi	ng Formation		Kind	of Lease	L	ess No.
LANGLEY BOREN		2	LAN	GLEY ST	TRAWN		State,	Federal or Fe	リ FEE	
Location							 			
Unit Letter A	. 330	0	East Es	N	منا <u>lorth</u>	e and 660		et From The	East	Line
Out Deter	- : 		Lear Li	OID THE	101 011			etrom ine.		
Section 20 Township	225		Range	36E	. N	MPM,			Lea	County
			<u>. — ne</u>							
II. DESIGNATION OF TRAN	SPORTER	R OF OI	L AN	D NATU	RAL GAS					
Name of Authorized Transporter of Oil		or Conden				e address to wh	ich approved	copy of this f	orm is to be se	nt)
Texas-New Mexico Pipel				لــا	Box 252	8. Hobbs	NM 88	240		·
Name of Authorized Transporter of Casing Phillips 66 Natural Ga		[XX]	or Dry	Gas 🗍	Address (Giv	e eddress to wh	ich approved	copy of this fo	orm is to be se	nt)
Phillips 66 Natural Ga Warren Petroleum Co	\$		•		1 4001 PE	enbrook,	Odessa,	Téxas 7	9760	,
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Box 150	y connected?	When	102		
ive location of tanks.	i A i	20	225	36E	Yes	•	i 11/	23/88		
this production is commingled with that	from any othe	r lease or p	ool, giv	e comming!	ing order num	ber:				,,
V. COMPLETION DATA	•	•			•				- · · · · · · · · · · · · · · · · · · ·	
		Oil Well		Gas Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	- (X)	i	i		i	i	i			<u> </u>
Date Spudded	Date Compt	. Ready to	Prod.	<u> </u>	Total Depth	•		P.B.T.D.	L	
	•									
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Fo	mation		Top Oil/Gas	Pay		Tubing Dept	h	
, , , , , , , , , , , , , , , , , , , ,]				. — ing Depai		
erforations	·			*	 		·	Depth Casin	Shoe	
									-	
	π	JBING.	CASII	NG AND	CEMENTI	NG RECOR	D	<u>' </u>		
HOLE SIZE	7	ING & TU			1	DEPTH SET		S	ACKS CEME	NT
	<u> </u>				 					
	İ	•						† · · · · ·		
	1			· · · · ·						
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		1			<u>. </u>		
OIL WELL (Test muss be after re				oil and must	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 hour	z.)
Date First New Oil Run To Tank	Date of Test		<u>- </u>			thod (Flow, pur			7	,
						•		•		
length of Test	Tubing Press	BLITE			Casing Pressu	ure .		Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF		
					1					
GAS WELL					L. —			1		
Actual Prod. Test - MCF/D	Leagth of Te				Bbls, Conden	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Time Flore 168 - MICF/D	reagn or re	244			Bois. Conoca:	BLEMMCF		Gravity of C	ondentals	;
esting Method (pilot, back pr.)	Tubing Press	non (Chief)			Casing Pressu					
outing the tited (publ., back pr.)	rening riess	mie (3000-1	4,		CIVING FICESO	re (S≀ - 4B)		Choke Size		
T OPER LEGIS	<u> </u>					-				
L OPERATOR CERTIFICA				CE	م اا	OIL CON	SEDV/	TIONE	11/10/0	. .
I hereby certify that the fules and regula	tions of the O	il Conserva	ltion			JIE COM	SERVA	ALION L		N
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.										
					Date	Approved	 	FF	B 01 19	93
1/12 (Q112)	X.								_	
Signature				By CREGNAL ENEMED BY JEERY SEXTON						
Dan Kernaghan Division Operations Manager										
Printed Name		•	Title		THE					
		(915)6			- 9 m i					
Dete			oos 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.