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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-11
Effective 1-1-85

Operator **Anadarko Petroleum Corporation**

Address **P. O. Box 2497 Midland, Texas 79702**

Reason(s) for filing (check proper box)
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate
Other (Please explain) **Change in Ownership Effective: AUG 1 1985**

If change of ownership give name and address of previous owner: **Anadarko Production Company, P.O. Box 2497, Midland, Texas 79702**

DESCRIPTION OF WELL AND LEASE
Lease Name **R.L. Brunson Tract 1** Well No. **1** Pool Name, including Formation **Penrose Skelley Grbg.** Kind of Lease **State, Federal or Fee Fee** Lease No. **---**
Location **330**
Unit Letter **P** : **660** Feet From The **South** Line and **660 330** Feet From The **East**
Line of Section **4** Township **22S** Range **37E** NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate
Shell Pipeline Company Address (Give address to which approved copy of this form is to be sent) **P.O. Box 1910, Midland, TX 79701**
Name of Authorized Transporter of Casinghead Gas or Dry Gas
Texaco Producing Inc. Address (Give address to which approved copy of this form is to be sent) **P.O. Box 3000, Tulsa, OK 74102**
If well produces oil or liquids, give location of tanks. Unit **P** Sec. **4** Twp. **22S** Rge. **37E** Is gas actually connected? **Yes** When **NA**

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.
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
Elevations (DF, RKB, RT, CR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
Perforations _____ Depth Casing Shoe _____

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.) _____
Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____
Actual Prod. During Test _____ Oil-Bbls. _____ Water-Bbls. _____ Gas-MCF _____

GAS WELL
Actual Prod. Test-MCF/D _____ Length of Test _____ Bbls. Condensate/MCF _____ Gravity of Condensate _____
Testing Method (pilot, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____

I. 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.


Senior Administrative Specialist
July 22, 1985
(Title)
(Date)

OIL CONSERVATION COMMISSION
AUG 21 1985, 19____
APPROVED _____
ORIGINAL SIGNED BY **JERRY SEXTON**
BY _____ DISTRICT SUPERVISOR
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 deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.
Separate Form C-104 must be filed for each pool in multi-