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SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRODUCTION OFFICE

Operator

Anadarko Petroleum Corporation

Address

P. O. Box 2497Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

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

Unit Letter

P

: 330

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

Shell Pipeline Company

Name of Authorized Transporter of Casinghead Gas

Texaco Producing Inc.

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 1910, Midland, TX 79701

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

Sec.

Twp.

Rge.

Is gas actually connected?

When

P

4

22S

37E

Yes

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't.

Diff. Res't.

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

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.

Signature

Senior Administrative Specialist

July 22, 1985

OIL CONSERVATION COMMISSION

APPROVED

AUG 21 1985

BY

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I 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 deviated 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 condition.

Separate Form C-104 must be filed for each pool in multi-