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| SANTA FE               |     |
| FILE                   |     |
| 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-1  
Effective 1-1-85

|   |   |
|---|---|
| Operator<br>Anadarko Petroleum Corporation              |   |
| Address<br>P. O. Box 2497 Midland, Texas 79702          |   |
| Reason(s) for filing (Check proper box)                 | Other (Please explain)  |
| New Well <input type="checkbox"/>                       | Change in Ownership Effective:  |
| Recompletion <input type="checkbox"/>                   | Change in Transporter of:   |
| Change in Ownership <input checked="" type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>               |
|   | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
|   | AUG 1 1985  |

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

I. DESCRIPTION OF WELL AND LEASE

|                           |                 |   |  |                        |
|---------------------------|-----------------|---|--|------------------------|
| Lease Name<br>Lou Wortham | Well No.<br>1   | Pool Name, including Formation<br>Penrose Skelley Grbg. | Kind of Lease<br>State, Federal or Fee Fee | Lease No.<br>---       |
| Location                  |                 |   |  |                        |
| Unit Letter<br>D          | 330             | Feet From The<br>West                                   | Line and<br>660                            | Feet From The<br>North |
| Line of Section<br>11     | Township<br>22S | Range<br>37E  | NMFL                                       | Lea County             |

II. 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) |            |             |             |                                   |            |
| Texas-New Mexico Pipeline Company  | P.O. Box 60028, San Angelo, TX 76906                                     |            |             |             |                                   |            |
| 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) |            |             |             |                                   |            |
| Warren Petroleum   | P.O. Box 1589, Tulsa, OK 74102   |            |             |             |                                   |            |
| If well produces oil or liquids, give location of tanks.   | Unit<br>D  | Sec.<br>11 | Twp.<br>22S | Pge.<br>37E | Is gas actually connected?<br>Yes | When<br>NA |

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

V. 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, RNB, 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 |           |             |              |
|                                      |                             |          |                 |                   |              |           |             |              |
|                                      |                             |          |                 |                   |              |           |             |              |
|                                      |                             |          |                 |                   |              |           |             |              |

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 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/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

VI. 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.

*Ken Brandt*  
(Signature)

Senior Administrative Specialist  
(Title)

July 22, 1985  
(Date)

OIL CONSERVATION COMMISSION  
AUG 2 1985

APPROVED  
BY *JERRY SEXTON*  
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 deepen 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 conditions. Form C-104 must be filed for each pool in multi-