

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator Anadarko Production Company

Address P. O. Box 806 Eunice, New Mexico 88231

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
Re-entered old plugged & abandoned Paddock Unit (Exxon) Well #54

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Lou Wortham</u>	<u>20</u>	<u>Eunice, San Andres South</u>	<u>State, Federal or Fee Fee</u>	

Location D 660 North 660 Feet From The West

Unit Letter _____

Line of Section 11 Township 22S Range 37E NMPA, Lea Coun

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)
<u>Texas-New Mexico Pipe Line Co.</u>	<u>P.O. Box 1510 Midland, Tx 79701</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texaco</u>	<u>Two Midland National Center, Midland, Tx</u>

If well produces oil or liquids, give location of tanks. Unit 0 Sec. 27 Twp. 22S Rge. 37E Is gas actually connected? Yes When 1-9-85

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. Re
						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<u>8-9-46</u>	<u>1-9-85</u>	<u>5175</u>	<u>4900</u>
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
<u>3378 DF</u>	<u>San Andres</u>	<u>3882</u>	<u>4700</u>
Perforations <u>3882-90, 3940-48, 3978-88, 4015, 4030-37, 4052-57, 4094-98, 4110-14, 4122-25, 4129-34, 4144-48, 4154-61, 4196-4204, 4216-20, 4224-26, 4242-48, 4270, 4300, 4304-08</u>	TUBING, CASING, AND CEMENTING RECORD		

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>Unknown</u>	<u>13 3/8</u>	<u>285'</u>	<u>225</u>
<u>Unknown</u>	<u>8 5/8</u>	<u>2815'</u>	<u>1500</u>
<u>Unknown</u>	<u>5 1/2</u>	<u>5113'</u>	<u>500</u>

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 able 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.)	
<u>1-9-85</u>	<u>1-12-85</u>	<u>Pump</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hrs</u>	<u>100</u>	<u>100</u>	<u>-</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
<u>606</u>	<u>93</u>	<u>513</u>	<u>214</u>

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Howard Hackett
(Signature)
Howard Hackett
(Title)
Field Foreman
(Date)

OIL CONSERVATION DIVISION
JAN 25 1985

APPROVED _____, 19____

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 deeper well, this form must be accompanied by a tabulation of the device 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 well name or number, or transporter, or other such change of condition.
This form must be filed for each pool in multi-