

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 APPLICANTS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

Operator  
Anadarko Production Company

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

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	Re-entered old plugged & abandoned	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Paddock Unit (Exxon) Well #54	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Lou Wortham	Well No. 20	Pool Name, including Formation Eunice, San Andres South	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter D 660 Feet From The North Line and 660 Feet From The West Line of Section 11 Township 22S Range 37E, NMPM, 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)					
Texas-New Mexico Pipe Line Co.	P.O. Box 1510 Midland, Tx 79701					
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)					
Texaco	Two Midland National Center, Midland, Tx.					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 27	Twp. 22S	Rge. 37E	Is gas actually connected? <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Re <input checked="" type="checkbox"/>
Date Spudded 8-9-46	Date Compl. Ready to Prod. 1-9-85		Total Depth 5175		P.B.T.D. 4900			
Elevations (DF, RAB, RT, GR, etc.) 3378 DF	Name of Producing Formation San Andres		Top Oil/Gas Pay 3882		Tubing Depth 4700'			
Perforations 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					Depth Casing Shoe 5083'			
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
Unknown		13 3/8		285'		225		
Unknown		8 5/8		2815'		1500		
Unknown		5 1/2 "		5113'		500		

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 1-9-85	Date of Test 1-12-85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 8 hrs	Tubing Pressure 100	Casing Pressure 100	Choke Size -
Actual Prod. During Test 202	Oil-Bbls. 31	Water-Bbls. 171	Gas-MCF 71.33

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 O. Schell  
(Signature)

Field Foreman  
(Title)

January 14, 1985  
(Date)

OIL CONSERVATION DIVISION

JAN 21 1985

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_

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 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.

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