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| 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 1-1-65

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

II. DESCRIPTION OF WELL AND LEASE

|   |               |   |  |     |                |
|---|---------------|---|--|-----|----------------|
| Lease Name<br>LMPSU Tract 8   | Well No.<br>3 | Pool Name, Including Formation<br>Langlie-Mattix SR, Qn, Grbg | Kind of Lease<br>State, Federal or Fee | Fee | Lease No.<br>- |
| Location<br>Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West<br>Line of Section 21 Township 22S Range 37E , NMPM, Lea County |               |   |  |     |                |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Shell Pipeline Company  
Texas-New Mexico Pipeline Company  
Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 1910, Midland, Texas 79701  
P. O. Box 60028, San Angelo, Texas 76906  
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, Oklahoma 74102

If well produces oil or liquids, give location of tanks.  
Unit G Sec. 21 Twp. 22S Rge. 37E Is gas actually connected? yes When

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, RKB, RT, GR, 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.

Sr. Administrative Specialist

(Title)

July 22, 1985

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 2 1 1985, 19

ORIGINAL SIGNED 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 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 conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.