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HEW MEXICO OIL CONSERVATION COMMISS Poim C-104 Supersedes Old C-104 and C-11 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS HOP ATION OFFICE Anadarko Petroleum Corporation Box 2497, Midland, Texas Other (Please explain) leason(s) for liling (Check proper box) Change in ownership effective: Change in Transporter of: Dry Gas CII 1 1805 AUG Condensate Change in Ownership XX Casinghead Gas Anadarko Production Company, P. O. Box 2497, Midland, Texas 79702 If change of ownership give name and address of previous owner ____ DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease kell No. Pool Name, Including Formation State, Federal or Fee Fee Langlie-Mattix SR, Qn, Grbg 2 LMPSU Tract 10 Feet From The West 1980 Feet From The South Line and 1980 _NMPM, 37E Lea Line of Section 21 Township 22S Range 1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS 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
Address (Give address to which approved copy of this form is to be sent) Nome of Authorized Transporter of Cil X or Conde Shell Pipeline Company Texas-New Mexico Pipeline Company Name of Authorized Transporter of Casinghead Gas X or Condensate or Dry Gas P. O. Box 3000, Tulsa, Oklahoma 74102 Texaco Producing Inc. Is gas octually connected? Unit Twp. P.ge. Sec. If well produces oil or liquids, give location of tanks. : 37E yes 22S ! 21 K If this production is commingled with that from any other lease or pool, give commingling order number: Same Res'v. Diff. Res'v. V. COMPLETION DATA Plug Back Workover New Well Gas Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Tubing Depth Top O!1/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Death Casing Shoe TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) Producing Method (Flow, pump, gas lift, etc.) Date of Test Choke Size Casing Pressure Tubing Pressure Gas-MCF Water - Bbls. Cil-Bbis.

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Cil Run To Tanks Length of Test Actual Fred, During Test

Gravity of Condensate GAS HELL Bbls. Condensate/MMCF Actual Fred. Test-MCF/D Length of Test Cosing Pressue (Shut-in) Choke Size Tubing Freesure (Shut-in) Testing Method (pitot, back pr.)

I. CERTIFICATE OF COMPLIANCE

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

> randes Sr. Administrative Specialist

(Title) July 23, 1985 OILAUG 2 1 1965 COMMISSION

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR 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 despens well, this form must be accompanied by a labulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition

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

RECEIVED

AUG 12 1985