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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

API 3-025 104

I. 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: LMPSU Tract 13C
Well No.: 8
Pool Name, Including Formation: Langlie-Mattix SR, Qn, Grbg
Kind of Lease: State, Federal or Fee
Lease No.: -
Location
Unit Letter: A
Feet From The East Line and 990 Feet From The North
Line of Section: 27
Township: 22S
Range: 37E
NMPM, Lea County

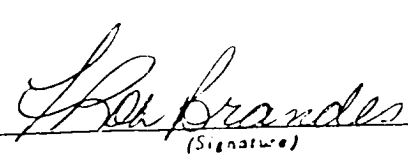
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipeline Company
Texas-New Mexico Pipeline Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1910, Midland, Texas 79701
P. O. Box 60028, San Angelo, 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: A
Sec.: 27
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'v. ☐ Diff. Res'v. ☐
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:

VI. 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:

I. 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 23, 1985
(Date)

OIL CONSERVATION COMMISSION
APPROVED: AUG 2 1 1985
BY: ORIGINAL SIGNED BY JERRY SIXTON
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 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 multiple-completed wells.