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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-11  
Effective 1-1-65

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 28  
Well No.: 1  
Pool Name, including Formation: Langlie-Mattix SR, Qn, Grbg  
Kind of Lease: State, Federal or Fee  
Fee  
Lease No.:  
Location  
Unit Letter: N  
330 Feet From The South Line and 2310 Feet From The West  
Line of Section: 28  
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: K  
Sec: 28  
Twp: 22S  
Rge: 37E  
Is gas actually connected? yes  
When: NA

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, RAB, 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  
July 24, 1985  
OIL CONSERVATION COMMISSION  
APPROVED AUG 21 1985  
BY ORIGINAL SIGNED BY JERRY JOHNSON  
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.