	,			_
so, or corner #4(1	l		_	
DISTRIBUTION				
SANTA FE				_
FILE			<u> </u>	_
U.S.G.S.			<u> </u>	_
LAND OFFICE			<u> </u>	_
TRANSPORTER	OIL	<u> </u>	<u> </u>	
	GAS		1	_
OPERATOR			<u> </u>	_
PROFATION OF		⊥_	_	
(

EW MEXICO DIL CONSCRVATION COMMISS. 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

U.S.G.S.	AUTHORIZATION TO TRA	NSPURT OIL AND THE OWNER	
LAND OFFICE			La
TRANSPORTER GAS			
PROFATION OFFICE			
Cletatot			
Anadarko Petroleum Corpo			
P. O. Box 2497, Midland,	, Texas 79702	Other (Please explain)	
Reason(s) for filing (Check proper box)	Change in Transporter of:	Change in owners	ship effective:
New Well	Change in Transporter on Dry Ga		1 935
Recompletion	Casinghead Gas Conder		±000
Change in Ownership XX		- 0/07 Mi	dland, Texas 79702
If change of ownership give name and address of previous owner	Anadarko Production Comp	pany, P. O. Box 2497, Mic	urand, Tener
	FASF	Kind of Leas	e Lease No
DESCRIPTION OF WELL AND L	EASE. Nell No. Pool Name, Including F	Otwarion	•
LMPSU Tract 28	2 Langlie-Matti	x SR, Qn, Grbg Stote, Federa	
		ne and 2310 Feet From	The West ·
1650	Feet From The South Lin	ne andZJIO	
Unit Letter A :	_	37E NMPM, Lea	County
Line of Section 28 Tow	mahip 22S Range	3/10	
	SE OF OUL AND NATURAL G	AS Accress (Give address to which appro	even copy of this form is to be sent)
DESIGNATION OF TRANSPORT	Cr Condensate	P. O. Box 1910, Midlan	id, Texas 79701
Name of Authorized Tanaparter of art	W	P. O. Box 1910, Midlan P. O. Box 60028, San A	oved copy of this form is to be sent)
Shell Pipeline Company Texas-New Mexico Pipeli Name of Authorized Transporter of Cas	ing Company or Dry Gas	P. O. Box 3000, Tulsa.	The state of the s
		P. O. Box 3000, Tursa,	ner.
_ Texaco Producing Inc.	Unit Sec. Twp. Pige.	_	NA
If well produces oil or liquids, give location of tanks.	K ! 28 ! 22S ; 37E	yes	
If this production is commingled with	th that from any other lease or pool	, give comminging order names.	Plug Back Same Res'v. Diff. Res
COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Hes. V. Ditt. Nes
Designate Type of Completic		!	P.B.T.D.
	Date Compl. Ready to Prod.	Total Depth	
Date Spudded		and (Car Day	Tubing Depth
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	
Zigvations (2)			Depth Casing Shoe
Ferforations			
	TIPLIE CASING AL	ND CEMENTING RECORD	O SUENT
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING A TUBING SIZE		
			is a second to or exceed top a
. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be	e after recovery of total valume of load of	on and most be sy
OIL WELL		Producing Method (Flow, pump, gas	liji, etc.)
Date First New Cil Run To Tanks	Date of Test	7.55	
		Casing Pressure	Chore Sire
Length of Test	Tubing Preseure		Gam-MCF
	Cil·Bbl.	Water - Bbls.	Jul - 1
Actual Fred. During Test	J. 22.3.		
		00/05	Gravity of Condensate
GAS WELL Actual Fred, Tout-MOF/D	Length of Test	Bala. Condensate/AMCF	
Actual production (00)		(Cosing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shat-in)		
, canny n and a least of		II OII CONSER	VATION COMMISSION
I. CERTIFICATE OF COMPLIAN	NCE) Alig	2 1 1985
			, 19
t basely certify that the rules and	regulations of the Oil Conservation with and that the information gives with a not the owledge and believed to the owledge and the owledge and the owledge to the owledge and the owledge to the owledge and the owledge to th	on !!	TO LEGIN SEXION
i nereus centily the been complied	with and that the information give	el. BY	

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 24, 1985 (Dute)

NOTKES FUREIT

METRICI : SHEEK VISOR

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despen 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 alloable on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditional conditions.

Separate Forms C-104 must be fited for each pool in multi-micted wells.