

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
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-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 24
Well No.: 3
Pool Name, including Formation: Langlie-Mattix SR, Qn, Grbg
Kind of Lease: State, Federal or Fee
Fee
Lease No.: -
Location
Unit Letter: X
2310 Feet From The South Line and 2310 Feet From The East
Line of Section: 28
Township: 22S
Range: 37E
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: I
Sec.: 28
Twp.: 22S
Rge.: 37E
Is gas actually connected? yes
When:

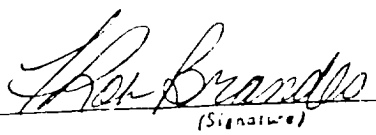
If this production is commingled with that from any other lease or pool, give commingling order number:
IV. COMPLETION DATA

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		

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		Bbls. Condensate/MCF		Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test			
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 24, 1985
(Date)
OIL CONSERVATION COMMISSION
APPROVED AUG 21 1985, 19
BY GAILING 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 deviation 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 condition.
Separate Forms C-104 must be filed for each pool in multi-pool completed wells.