

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-101 and C-110
Effective 1-1-65

Operator ANADARKO PRODUCTION COMPANY	
Address P. O. Box 806, Eunice, New Mexico 88231	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	For N.M.O.C.C. records - Oil & Casinghead Gas Transporters
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE				
Lease Name LMPSU Tract 30	Well No. 1	Pool Name, including Formation Langlie Mattix	Kind of Lease State, Federal or Fee State	Lease No.
Location				
Unit Letter A	330	Feet From The North	Line and 330	Feet From The East
Line of Section 32	Township 22-S	Range 37-E	N.M.P.M. Lea	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☒ or Condensate ☐		Address (Give address to which approved copy of this form is to be sent)		
Shell Pipe Line Corporation		P. O. Box 1910, Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)		
Shelly Oil Company		P. O. Box 1650, Tulsa, Oklahoma 74102		
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 29	Twp. 22S	Rge. 37E
				Is gas actually connected? Yes

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, CR, 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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VII. 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.	
	
Area Supervisor	
04/13/77	

OIL CONSERVATION COMMISSION	
APPROVED	19
BY	Orig. Signed by John
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 logs 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.	

RECEIVED

APR 14 1977
OIL CONSERVA. & COMM.
HOBBES, N. H.