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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

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**

I. DESCRIPTION OF WELL AND LEASE

Lease Name LMPSU Tract 33	Well No. 2	Pool Name, including Formation Langlie-Mattix SR, Qn, Grbg	Kind of Lease State, Federal or Fee Fee	Lease No. -
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Location
 Unit Letter **C** : **330** Feet From The **North** Line and **2310** Feet From The **West**
 Line of Section **33** Township **22S** Range **37E**, NMPM, **Lea** County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 B	Sec. 33	Twp. 22S	Rge. 37E	Is gas actually connected? yes	Owner NA
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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 Restv.	Diff. Restv.
(X)								

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, R&B, 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
AUG 21 1985
 APPROVED _____, 19____
 BY DISTRICT SUPERVISOR SIGNED BY JERRY SEXTON
 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 deviated 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 conditions.
 Separate Forms C-104 must be filed for each pool in multiple recompleted wells.