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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 35 Well No.: 1 Pool Name, Including Formation: Langlie-Mattix SR, Qn, Grbg Kind of Lease: State, Federal or Fee Fee: Fee Lease No.: -
Location: Unit Letter A : 330 Feet From The North Line and 330 Feet From The East
Line of Section 33 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 A Sec. 33 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: _____

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/MMCF: _____ 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.
Low Brandes
(Signature)
Sr. Administrative Specialist
(Title)
July 24, 1985
(Date)

OIL CONSERVATION COMMISSION
1985
APPROVED: _____, 19____
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 owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filled for each pool in multiple completed wells.