

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**  
 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: Oil ☐ Dry Gas ☐  
 Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
 Change in Ownership ☒ Other (Please explain): Change in Ownership Effective: 8/1/85

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 <u>LMPSU Tract 37</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Langlie Mattix SR,Qn,Crbg.</u>	Kind of Lease <u>State, Federal or Fee</u>	State <u>TX</u>	Lease No. <u>B-934</u>
Location: Unit Letter <u>I</u> <u>2310</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>22S</u> Range <u>37E</u> , NMPM, Lea County					

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Shell Pipeline Company</u> <u>Texas-New Mexico Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1910, Midland, TX 79701</u> <u>P.O. Box 60028, San Angelo, TX 76906</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Texaco Producing Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 3000, Tulsa, OK 74102</u>
If well produces oil or liquids, give location of tanks: Unit <u>0</u> Sec. <u>27</u> Twp. <u>22S</u> Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u> When: _____

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 <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Dill. Res'v. <input type="checkbox"/>
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			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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/MCF	Gravity of Condensate
Testing Method (piston, 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.

John Brander  
 (Signature)  
 Sr. Administrative Specialist

08/20/85  
 (Date)  
 (Title)

**OIL CONSERVATION COMMISSION**

APPROVED

**AUG 23 1985**

BY

**ORIGINAL SIGNED BY JERRY SEXTON**

TITLE

**DISTRICT SUPERVISOR**

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 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.