

DISTRICT I  
PO Box 1980, Hobbs, NM 88241-1980

Energy, Minerals and Natural Resources Department

Form C-104  
Revised February 10, 1994

DISTRICT II  
PO Drawer DD, Artesia, NM 88211-0719

Instructions on back  
Submit to Appropriate District Office  
5 Copies

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

☐ Amended Report

DISTRICT IV  
PO Box 2088, Santa Fe, NM 87504-2088

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator Name and Address Anadarko Petroleum Corporation P. O. Box 2497 Midland, TX 79702		OGRID Number 000817
		Reason for Filing Code CG EFFECTIVE 7/1/98
API Number 30-025-10575	Pool Name LANGLIE MATTIX SEVEN RIVERS QUEEN GRAYBURG	Pool Code 37240
Property Code 001328	Property Name LANGLIE-MATTIX PENROSE SAND UNIT TRACT 37	Well Number 2

II. Surface Location

UL or lot n O	Section 34	Township 22S	Range 37E	Lot.Idn	Feet from the 330	North/South Line SOUTH	Feet from the 2310	East/West Line EAST	County LEA
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Bottom Hole Location

UL or lot n O	Section 34	Township 22S	Range 37E	Lot.Idn	Feet from the 330	North/South Line SOUTH	Feet from the 2310	East/West Line EAST	County LEA
Lse Code P	Producing Method Code P		Gas Connection Date		C-129 Permit Number		C-129 Effective Date		C-129 Expiration Date

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
024650	Dynegy Midstream Services 6 Desta Dr Ste 3300 Midland, TX 79705	0453030	G	

IV. Production Water

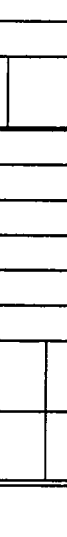
POD	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Approved by:  ORIGINAL SIGNED BY CAPT. JOHN FIELD SEP 11
Signature: Debbie Newcomb		
Printed Name: Debbie Newcomb		Title:
Title: Senior Production Clerk		Approval Date: SEP 17 1998
Date: 07/28/98	Phone: 915/683-0564	

If this is a change of operator fill in the OGRID number and name of the previous operator			
Previous Operator Signature	Printed Name	Title	Date

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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-111  
Effective 1-1-65

Operator Anadarko Petroleum Corporation	
Address P. O. Box 2497, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in ownership effective:
Recompletion <input type="checkbox"/>	AUG 1 1985
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner: Anadarko Production Company, P. O. Box 2497, Midland, Texas 79702

DESCRIPTION OF WELL AND LEASE				
Lease Name LMPSU Tract 37	Well No. 2	Pool Name, Including Formation Langlie-Mattix SR, Qn, Grbg	Kind of Lease State, Federal or Fee Fee	Lease No. -
Location				
Unit Letter 0 : 2310 Feet From The East Line and 330 Feet From The South				
Line of Section 34 Township 22S Range 37E, NMPM, Lea County				

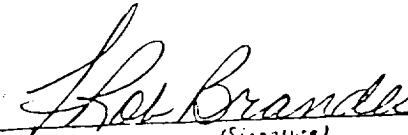
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Shell Pipeline Company		P. O. Box 1910, Midland, Texas 79701		
Texas-New Mexico Pipeline Company		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"/>		Address (Give address to which approved copy of this form is to be sent)		
Texaco Producing Inc.		P. O. Box 3000, Tulsa, Oklahoma 74102		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.
	0	27	22S	37E
Is gas actually connected?		When		
yes		NA		

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

COMPLETION DATA				
Designate Type of Completion - (X)				
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	

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

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 _____, 19	
ORIGINAL SIGNED BY JERRY SEXTON	
BY _____ DISTRICT I 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 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 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.	