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| 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 36 | Well No. 4 | Pool Name, including Formation Langlie-Mattix SR, Qn, Grbg | Kind of Lease State, Federal or Fee | Lease No. - |
| Location Unit Letter H : 2310 Feet From The North Line and 990 Feet From The East Line of Section 34 Township 22S Range 37E , NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS WATER INJECTION WELL

| | |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |

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 Res'tv. | Diff. Res'tv. |
| 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 |
| | | | |
| | | | |
| | | | |

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.

John Brandes
(Signature)
Senior Administrative Specialist
(Title)
July 24, 1985
(Date)

OIL CONSERVATION COMMISSION
APPROVED AUG 2 1 1985, 19
BY ORIGINAL SIGNED 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 deviated 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 conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

| | | |
|--|--|--|
| SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)</small> | | 5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/> |
| 1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Injection Well</u> | | 5. State Oil & Gas Lease No. |
| 2. Name of Operator <u>Anadarko Production Company</u> | | 7. Unit Agreement Name <u>Langlie Mattix</u> <u>Penrose Sand Unit</u> |
| 3. Address of Operator <u>Box 806, Eunice, New Mexico 88231</u> | | 8. Farm or Lease Name <u>Tract 36</u> |
| 4. Location of Well UNIT LETTER <u>H</u> , <u>2310</u> FEET FROM THE <u>West</u> LINE AND <u>980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>34</u> TOWNSHIP <u>22</u> RANGE <u>37</u> NMPM. | | 9. Well No. <u>4</u> |
| 15. Elevation (Show whether DF, RT, GR, etc.) <u>3319 DF</u> | | 10. Field and Pool, or Wildcat <u>Langlie Mattix</u> |
| 12. County <u>Lea</u> | | |

| | | | |
|---|--|---|--|
| 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <u>Bring csg. valves to ground level.</u> | ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> <u>Bring csg. valves to ground level.</u> <input checked="" type="checkbox"/> |

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- Cellars were dug out for casing pressure checks.
- Connections were added to the intermediate casing and valves were raised to ground level.
- Note: The intermediate casing is setting on casing clamps at the surface casing and no connections could be made.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

| | | |
|------------------------------------|--------------------------------------|-------------------------|
| SIGNED <u>R. Anderson</u> | TITLE <u>Area Supervisor</u> | DATE <u>3-17-75</u> |
| APPROVED BY <u>Nathan E. McGee</u> | TITLE <u>OIL & GAS INSPECTOR</u> | DATE <u>SEP 12 1975</u> |

CONDITIONS OF APPROVAL, IF ANY:

| | |
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NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

| | | | | | | | |
|---|----------------------|-------------------------|--|--|--------------------|----------------------|--|
| Company or Operator ANADARKO PRODUCTION COMPANY | | | | Lease Langlie-Mattix Penrose Sand Unit Tr. 36 | | Well No. 4 | |
| Unit Letter B | Section 34 | Township 22 | Range 37 | County Lea | | | |
| Pool Langlie-Mattix | | | | Kind of Lease (State, Fed, Fee) Fee | | | |
| If well produces oil or condensate give location of tanks | | Unit Letter B | Section 34 | Township 22 | Range 37 | | |
| Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/> None | | | | Address (give address to which approved copy of this form is to be sent) | | | |
| Is Gas Actually Connected? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> None | | Date Connected | Address (give address to which approved copy of this form is to be sent) | | | | |

If gas is not being sold, give reasons and also explain its present disposition:

REASON(S) FOR FILING (please check proper box)

New Well ☐ Change in Ownership ☒
 Change in Transporter (check one) Other (explain below)
 Oil ☐ Dry Gas ☐
 Casing head gas . ☐ Condensate.. ☐

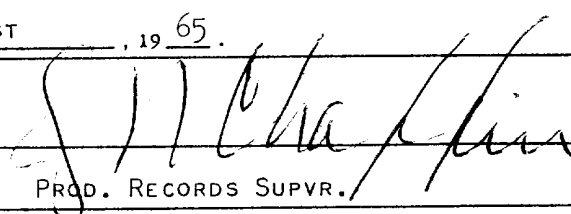
Remarks

PURCHASED BY ANADARKO; OPERATIONS ASSUMED EFFECTIVE AUGUST 1, 1965.

Injection Well
Wells formerly owned and operated by Ambassador Oil Corporation.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 2ND day of AUGUST, 19 65.

| | | | |
|-----------------------------|--|---------|--|
| OIL CONSERVATION COMMISSION | | By |  |
| Approved by | | Title | |
| Title | | Company | PROD. RECORDS SUPVR. |
| Date | | Address | ANADARKO PRODUCTION COMPANY P. O. Box <u>9338</u> 9317 FORT WORTH, TEXAS 76107 |

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| TRANSPORTER | OIL GAS |
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NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

| | | | | | | |
|---|----------------------|-------------------------|--|--|--------------------|-------------------------|
| Company or Operator AMBASSADOR OIL CORPORATION | | | | Lease LANGLIE-MATTIX PENROSE SAND UNIT Tr. 36 | | Well No. 1014 |
| Unit Letter H | Section 34 | Township 22 | Range 37 | County LEA | | |
| Pool R LANGLIE-MATTIX | | | | Kind of Lease (State, Fed, Fee) FEE | | |
| If well produces oil or condensate give location of tanks | | Unit Letter B | Section 34 | Township 22 | Range 37 | |
| Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/> NONE | | | | Address (give address to which approved copy of this form is to be sent) | | |
| Is Gas Actually Connected? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> NONE | | Date Connected | Address (give address to which approved copy of this form is to be sent) | | | |

If gas is not being sold, give reasons and also explain its present disposition:

INPUT WELL

REASON(S) FOR FILING (please check proper box)

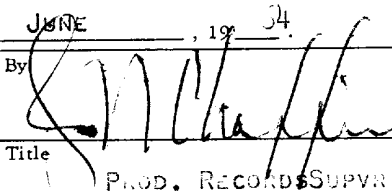
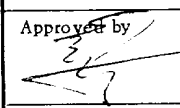
New Well ☐ Change in Ownership ☐
 Change in Transporter (check one) Other (explain below) **UNITIZATION**
 Oil ☐ Dry Gas ☐
 Casing head gas ☐ Condensate ☐

UNITIZED EFFECTIVE JUNE 1, 1964. PREVIOUSLY REPORTED BY AMBASSADOR OIL CORPORATION AS T. O. MAY #4.

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 12TH day of JUNE, 1964.

| | | |
|--|---|---|
| OIL CONSERVATION COMMISSION | | By  |
| Approved by  | J. N. CHAFFIN | |
| Title | PROD. RECORDS SUPVR. | |
| Title | Company AMBASSADOR OIL CORPORATION | |
| Date | Address Box 9338, FORT WORTH, TEXAS | |