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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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-110
Effective 1-1-65

SEP 13 1 03 PM '67

I. Operator
ANADARKO PRODUCTION COMPANY
Address
P. O. Box 247, Hobbs, New Mexico 88240
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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. W. Walden	Well No. 7	Pool Name, Including Formation Penrose-Skelly Grayburg	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter L ; 2310 Feet From The South Line and 660 Feet From The West Line of Section 15 Township 22 S Range 37 E , 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"/> Shell Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1165, Eunice, New Mexico 88231					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 372, Eunice, New Mexico 88231					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 15	Twp. 22 S	Rge. 37 E	Is gas actually connected? Yes	When Not Available

If this production is commingled with that from any other lease or pool, give commingling order number: **EFFECTIVE JANUARY 31, 1977, SKELLY OIL COMPANY MERGED INTO GETTY OIL COMPANY.**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" 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"/>	Seal Fracture <input type="checkbox"/>	Other <input type="checkbox"/>
Date Spudded 7/10/67	Date Compl. Ready to Prod. 8/30/67		Total Depth 3915'		P.B.T.D. 3900'			
Elevations (DF, RKB, RT, GR, etc.) 3406' GR	Name of Producing Formation Grayburg		Top Oil/Gas Pay 3642'		Tubing Depth 3915'			
Perforations (3826-3869)					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8" 24'		319'		200			
7 7/8"	5 1/2" 14'		3915'		445			
	2 3/8"		3800'					

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 9/2/67	Date of Test 9/3/67	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 341.8	Oil-Bbls. 51.8	Water-Bbls. 290	Gas-MCF 195

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

OIL CONSERVATION COMMISSION

APPROVED _____, 19
BY _____
TITLE _____

M. J. Nelson **M.F. Nelson**
(Signature)
District Superintendent
(Title)
September 13, 1967
(Date)

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.

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