| 1   | wo. Dr COPIES RECEIVED   DISTRIBUTION   SANTA FE   FILE   U.S.G.S.   LAND OF FICE   I RANSPORTER   OIL   I RANSPORTER   OPEFIFTOR   PROFIATION OF FICE   Operator   Anadarko Petroleum (Address   P. O. Box 2497, Mid!   Recoon(s) for filing (Check proper box   New We!!   Recompletion   Change in Ownership [X]   | AUTHORIZATION TO TR<br>AUTHORIZATION TO TR<br>Corporation<br>Land, Texas 79702 | Gas   | Form C-104<br>Supersedes Old C-104 and C-1<br>Eliocitvo 1-1-65<br>GAS<br>cship Effective: |
|---|---|--|---|---|
|   | If change of ownership give name<br>and address of previous owner   |  | npany, P. O. Box 2497, Mi   |   |
| 11  | DESCRIPTION OF WELL AND<br>Lease Name<br>Hugh<br>Location<br>Unit LetterC;330   | Vell No. Pool Name, Including<br>12 Penrose Skel                               | ley Grayburg State, Feder   | al or Fee –   |
| : <b>11</b> .   | Line of Section 14 Township 22S Range 37E , NMPM, Lea<br>DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS<br>Name of Authorized Transporter of Oil I or Condensate Address (Give address to which approved copy of this form is to<br>Texas-New Mexico Pipeline Company P. 0. Box 60028, San Angelo, Texas 76<br>Name of Authorized Transporter of Casinghead Gas I or Dry Gas Address (Give address to which approved copy of this form is to |  |   | Angelo, Texas 76906   |
|   | Warren Petroleum<br>If well produces oil or liquids,<br>give location of tanks.<br>If this production is commingled wit   | Unit Sec. Twp. Ege.<br>D 14 22S 37E  | P. O. Box 1589, Tulsa,<br>Is gas actually connected? Why<br>yes !<br>give commingling order number:   | May, 1968   |
| v.  | COMPLETION DATA   Designate Type of Completion   Date Spudded   | Oll Well Gas Well<br>On - (X) Date Compl. Ready to Prod.                       | New Weli Workover Deepen<br>Total Depth   | Plug Back Same Res'v. Diff. Res'v.  |
|   | Elevations (DF, RKB, RT, GR, etc.)<br>Perforations  | Name of Producing Formation  | Top Cil/Gas Pay   | Tubing Depth<br>Depth Casing Shoe   |
|   | HOLE SIZE   | TUBING, CASING, ANI<br>CASING & TUBING SIZE                                    | D CEMENTING RECORD<br>DEPTH SET   | SACKS CEMENT  |
| ¥.  | TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allou-<br>oil. WELL able for this depth or be for full 24 hours)<br>Date First New Cil Bun To Tanks (Date of Test) (Freducing Method (Flow, pump, gas lift, etc.)   |  |   |   |
|   | Longth of Test  | Tubing Pressure  | Casing Pressure   | Choke Size  |
|   | Actual Pred. During Text  | Oil-Bbis.  | Wator - Bbla.   | Gas - MCF   |
|   | GAS WELL<br>Actual Prod. Test-MCF/D   | Length of Test   | Bbie. Condensate/MMCF   | Gravity of Condensate   |
| ľ   | Teating Nethod (pitot, back pr.)  | Tubing Freesure (Shut-in)  | Coming Pressure (Shut-in)   | Choke Size  |
| 1   | CERTIFICATE OF COMPLIANC<br>I hereby certify that the rules and re<br>Commission have been complied wi<br>above is true and complete to the   | gulations of the Oil Conservation<br>th and that the information given         | OIL CONSERVATION COMMISSION<br>APPROVED AUG 2 1 1985  |   |
| (Signature)<br>Senior Administrative Specialist<br>(Title)<br>July 24, 1985<br>(Pare) |   |  | well, this form must be accompanied by a tabulation of the deviation<br>tests taken on the well in accordance with RULE 111.<br>All sections of this form must be filled out completely for allow-<br>able on new and recompleted wells.<br>Fill out only Sections I, II, III, and VI for changes of owner,<br>well name or number, or transporter, or other such change of condition.<br>Separate Forms C-104 must be filled for each pool in multiply |   |