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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION 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-110
Effective 1-1-65

I. Operator **ANADARKO PRODUCTION COMPANY**

Address **P. O. Box 247, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box)

| | | | | | | |
|---------------------|-------------------------------------|---------------------------|--------------------------|------------|--------------------------|--|
| New Well | <input checked="" type="checkbox"/> | Change in Transporter of: | | Dry Gas | <input type="checkbox"/> | THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> | Condensate | <input type="checkbox"/> | |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> | | | |

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|---|--|-----------|
| Lease Name Lou Wortham "B" | Well No. 3 | Pool Name, including Formation Undesignated | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter B ; 330 Feet From The North Line and 2310 Feet From The East Line of Section 11 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 type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co. | Address (Give address to which approved copy of this form is to be sent) Midland, Texas | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input 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, N. M. 88231 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit B | Sec. 11 | Twp. 22S | Rge. 37E | Is gas actually connected? No | 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) | <input checked="" type="checkbox"/> Oil Well | <input type="checkbox"/> Gas Well | <input checked="" 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"/> Diff. Res'v. |
| Date Spudded 1/14/70 | Date Comp., Ready to Prod. 2/13/70 | Total Depth 4700' | P.B.T.D. 4687' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3356' GL - 3364' RKB | Name of Producing Formation San Andres | Top Oil/Gas Pay 3870' | Tubing Depth 4112' | | | | | |
| Perforations | | Depth Casing Shoe | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|----------------|---------------------------|--------------|-----------------------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12-1/4" | 9-5/8" - 32.3' | 373' | 225 sacks-circulated |
| 8-3/4" | 7" - 20' & 23' | 4700' | 530 sacks |
| | 2-7/8" | 4112' | |

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 2/13/70 | Date of Test 2/14/70 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hours | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test 1100 bbls | Oil - Bbls. 188 bbls | Water - Bbls. 912 bbls | Gas - MCF 360 |

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.

District Superintendent
(Signature)
2-16-70
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **SUPERVISOR DISTRICT I**
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 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.