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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 O-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) Other (Please explain)  
New Well ☒ Change in Transporter or:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Lou Wortham</b>	Well No. Pool Name, including Formation <b>6 Undesignated</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>E</b> <b>2310</b> Feet From The <b>North</b> Line and <b>380</b> Feet From The <b>West</b> Line of Section <b>11</b> Township <b>22S</b> Range <b>37E</b> <b>NM</b> , <b>Lea</b> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>Texas-New Mexico Pipeline Co. P. O. Box 1510 Midland, Texas 79701</b>		
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) <b>Northern Natural Gas Co. P. O. Box 2370 Hobbs, New Mexico 88240</b>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.

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 Resrv.	Diff. Resrv.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <b>4-22-71</b>	Date Compl. Ready to Prod. <b>6-28-71</b>	Total Depth <b>4813'</b>	F.B.T.D. <b>4230'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3370 GR-3381 RKB</b>	Name of Producing Formation <b>San Andres</b>	Top Oil/Gas Pay <b>3900'</b>	Turning Depth <b>4200'</b>					
Perforations <b>3900'-4183'</b>			Depth Casing Shoe <b>4813'</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12 1/4"</b>	<b>8-5/8" 24#</b>		<b>1069'</b>		<b>600 sks-circulated</b>			
<b>7-7/8"</b>	<b>5 1/2" 14#</b>		<b>4813'</b>		<b>525 sks</b>			
	<b>2-7/8"</b>		<b>4200'</b>					

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	Shoke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <b>2050</b>	Length of Test <b>24 hrs.</b>	Bbls. Condensate/MMCF <b>5</b>	Gravity of Condensate <b>36.1</b>
Testing Method (pitot, back pr.) <b>Orifice Tester</b>	Tubing Pressure (shut-in) <b>1190#</b>	Casing Pressure (shut-in) <b>1400#</b>	Shoke Size <b>24/64"</b>

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)

(Title)

OIL CONSERVATION COMMISSION

APPROVED

BY

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 allow-