

DISTRICT I
PO Box 1980, Hobbs, NM 88241-1980

DISTRICT II
PO Drawer DD, Artesia, NM 88211-0719

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV
PO Box 2088, Santa Fe, NM 87504-2088

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ Amended Report

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator Name and Address Anadarko Petroleum Corporation P. O. Box 2497 Midland, TX 79702		OGRID Number 000817
		Reason for Filing Code CO EFFECTIVE 5/1/98
API Number 30-025-24135	Pool Name LANGLIE MATTIX SEVEN RIVERS QUEEN GRAYBURG	Pool Code 37240
Property Code 001374	Property Name METEX SUPPLY "A"	Well Number 1

II. Surface Location

UL or lot n D	Section 35	Township 22S	Range 37E	Lot.Idn	Feet from the 660	North/South Line NORTH	Feet from the 660	East/West Line WEST	County LEA
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Bottom Hole Location

UL or lot n D	Section 35	Township 22S	Range 37E	Lot.Idn	Feet from the 660	North/South Line NORTH	Feet from the 660	East/West Line WEST	County LEA
Use Code P	Producing Method Code P	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
013063	Lantern Petroleum P. O. Box 2281 Midland TX 79702	0457610	O	

IV. Production Water

POD	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	PBD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature: <i>Debbie Newcomb</i>		Approved by: <i>Paul Kautz</i> Geologist	
Printed Name: Debbie Newcomb		Title:	
Title: Senior Production Clerk		Approval Date:	
Date: 04/16/1998	Phone: 915/683-0564		
If this is a change of operator fill in the OGRID number and name of the previous operator			
Previous Operator Signature	Printed Name	Title	Date

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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

Operator Anadarko Petroleum Corporation	
Address P. O. Box 2497 Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Ownership Effective:
Recompletion <input type="checkbox"/>	AUG 1 1985
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

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 Metex Supply "A"	Well No. 1	Pool Name, Including Formation Langlie-Mattix SR, QN, Grbg	Kind of Lease State, Federal or Fee	Lease No. -
Location				
Unit Letter D	660	Feet From The North	Line and 660	Feet From The West
Line of Section 35	Township 22S	Range 37E	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"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipeline Company	P.O. Box 60028, San Angelo, TX 76906					
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)					
Texas Producing Inc.	P.O. Box 3000, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 35	Twp. 22S	Rge. 37E	Is gas actually connected? Yes	When Dec. 1972

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 <input 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"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, 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		OIL CONSERVATION COMMISSION	
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.		APPROVED AUG 2 1 1985, 19	
Sr. Administrative Specialist		BY ORIGINAL SIGNED BY JERRY SEXTON	
(JUL) 2 2 1985		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 all wells on new and recompleted wells.	
		Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of condition.	
		Separate Form C-104 must be filed for each pool in multi-	

RECEIVED

AUG 12 1985

OFFICE