

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
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
Box 806, Eunice, New Mexico 88231
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 Matex Supply "A"	Well No. 3	Pool Name, Including Formation Langleie Mattix Queens	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West Line of Section 35 Township 21S 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"/> Texas New Mexico Pipe line Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510 Midland, Texas 79701			
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) Box 1135, Eunice, New Mexico 88231			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 35	Twp. 22S	Rge. 37E
	Is gas actually connected?		When 12-8-72	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepened
Date Spudded 11-26-74	Date Compl. Ready to Prod. 12-24-74	Total Depth 3700'	P.B.T.D. 3668'		
Elevations (DF, RKB, RT, GR, etc.) 3309 GR	Name of Producing Formation Queens	Top Oil/Gas Pay 3550'	Tubing Depth 3570'		
Perforations 3553'-3574'			Depth Casing Shoe 3700'		
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
12 1/4"	8-5/8"	359	250		
7-7/8"	4 1/2"	3700'	1525		
	2-3/8"	3570'			

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 12-24-74	Date of Test 12-31-74	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 400#	Casing Pressure 800#	Choke Size 12/64
Actual Prod. During Test 191 Bbls.	Oil - Bbls. 105	Water - Bbls. 83	Gas - MCF 53

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.

Area Supervisor

12-31-74

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 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

[illegible]

RECEIVED

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