Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico ergy, Minerals and Natural Resources Departn.

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874	REQUEST R	OR ALLOW	ABLE AND AUT	HORIZA	MOLT					
I.			OIL AND NATUR		_					
Operator Do dan all and Do d					Well API No.					
Anadarko Pet							0-025-25699			
P.O. Box 806		NM 88231			· · · · · · · · · · · · · · · · · · ·					
Reason(s) for Filing (Check proper bo	•			ase explain)			_ •	-		
Recompletion	Oil Change	in Transporter of: Dry Gas				date to		uary 1		
Change in Operator	Casinghead Gas	Condensate] , 1992 OII	chang	e or	operato	r			
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WEI	LL AND LEASE		•							
Lease Name	Well No	Pool Name, Inch				d of Lease LC-030133 (
Langley Deep	1		Devonian	Cas	State,	Federal or Fee	17.0-0	20132(
Unit LetterC	: 990	_ Feet From The .	North Line and	2310	Fe	et From The	West	Line		
Section 28 Town	nship 22S	nip 22S Range 36E NMPM, I				ea County				
III. DESIGNATION OF TR	ANCDODTED OF C	ATT A KIDA KIAM	UDAL CAC							
Name of Authorized Transporter of Oil	or Conde		Address (Give acktr	ess to which	approved	copy of this form	is to be ser	nt)		
Name of Authorized Transporter of Ca Warren fet +	singhead Gar.	or Dry Gus	Address (Give addr.	ess to which	approved	copy of this form	is to be ser	ਖ)		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rg	e. Is gas actually conn	ected?	When	?				
If this production is commingled with the IV. COMPLETION DATA	nat from any other lease of	pool, give commin	gling order number:		<u> </u>					
	Oil Wel	I Gas Well	New Weil Worl	kover I	Deepen	Plug Back Sar	ne Res'v	Diff Res'v		
Designate Type of Completion Date Spudded		a Prod	Total Depth	l_		r l	· · · · · · · · · · · · · · · · · · ·	L		
San Spanish	ate Spudded Date Compl. Ready to Prod.					P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations			Top Oil/Gas Pay			Tubing Depth				
						Depth Casing Shoe				
	TURING	CASING AND	CEMENTING D	ECORD			· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE			DEPTH SET			SACKS CEMENT				
						STONG GENERAL				
	_									
							<u></u>			
7. TEST DATA AND REQU					!					
OIL WELL (Test must be after Date First New Oil Run To Tank	r recovery of total volume	of load oil and mu					dl 24 hours	.)		
Date First New Oil Run 10 Tank	Date of Test		Producing Method (F	zas lýt, etc	c.)					
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					
esting Method (pitot, back pr.)	Tubing Pressure (Shut	-in)	Casing Pressure (Shul-in)			Choke Size				
I. OPERATOR CERTIFI	CATE OF COMP	LIANCE	0							
I hereby certify that the rules and reg Division have been complied with an	ulations of the Oil Conser	vation	OIL (CONSE	RVA	יום מסוד.	VISIO	1		
is true and complete to the best of my		A BOOTS	Data Ann	royed		12.00	1000			
w/m	Date App	Date Approved								
Signature John English	Area Supe	ervisor	ByORIG			i beran zek.	ion 			
Printed Name March 18, 19			Title							
march ro, 19	ラン コフォーコエ () -1	П пис							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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OCO HOBBS OFFICE