

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

CO. OF OFFICE DESIGNED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Anadarko Production Company</u>	
Address <u>P.O. Box 806 Eunice, New Mexico 88231</u>	
Reason(s) for filing (Check proper box)	
New Well <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"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Other (Please explain)

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lessee Name <u>M.W. Coll</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Langlie Mattix-Queen</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>K</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>26</u> Township <u>22S</u> Range <u>37E</u> , NMPM, <u>Lea</u> , 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"/> <u>Texas-New Mexico Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1510 Midland, Texas 79702</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Getty Oil Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2194 Pampa, Texas 79065</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>26</u>	Twp. <u>22S</u>	Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u>	When <u>7-7-81</u>

If this production is commingled with that from any other lease or pool, give commingling order number: No

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" 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 <u>5-19-81</u>	Date Compl. Ready to Prod. <u>7-7-81</u>	Total Depth <u>3797'</u>	P.B.T.D. <u>3745'</u>
Elevations (DF, RKB, RT, GR, etc.) <u>3313.3 GR</u>	Name of Producing Formation <u>Queen</u>	Top Oil/Gas Pay <u>3641'</u>	Tubing Depth <u>3723'</u>
Perforations <u>2-1/2" JSPF 3642'-48', 3658'-64', 3678'-82', 3697'-99'</u>			Depth Casing Shoe <u>3795'</u>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>11"</u>	<u>8-5/8" 24# Csg.</u>	<u>7187'</u>	<u>500 Circulated</u>
<u>7-7/8"</u>	<u>5 1/2" 15.5# Csg.</u>	<u>3795'</u>	<u>3230 Sx</u>
	<u>2-3/8" 4.6# Tbg.</u>	<u>3723'</u>	

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 <u>7-10-81</u>	Date of Test <u>7-13-81</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 Hrs.</u>	Tubing Pressure <u>25#</u>	Casing Pressure <u>25#</u>	Choke Size
Actual Prod. During Test <u>18</u>	Oil-Bbls. <u>10</u>	Water-Bbls. <u>8</u>	Gas-MCF <u>12.5</u>

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

I hereby certify that the rules and regulations 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.

Howard D. Steckel
(Signature)
Production Foreman
(Title)
July 13, 1981
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 15 1981, 19____
BY [Signature]
TITLE SUPERVISOR DIST.

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 multiple completed wells.