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AND 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 1-1-85

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: <u>AUG 1 1985</u>
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Gas <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry 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

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lessee Name	Well No.	State, Federal or Fee Fee	---
<u>E.W. Walden "A"</u>	<u>12</u>		
Pool Name, Including Formation			
<u>Penrose Skelley Grbg.</u>			
Location			
Unit Letter <u>F</u>	<u>2250</u> Feet From The <u>North</u> Line and <u>1350</u> Feet From The <u>West</u>		
Line of Section <u>15</u>	Township <u>22S</u> Range <u>37E</u> NMPM.	Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		<u>P.O. Box 1910, Midland, TX 79701</u>
<u>Shell Pipeline Company</u>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)
<u>Texaco Producing Inc.</u>		<u>P.O. Box 3000, Tulsa, OK 74102</u>
If well produces oil or liquids, give location of tanks.	Unit <u>M</u> Sec. <u>15</u> Twp. <u>22S</u> Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u> When <u>July 1982</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, CR, 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					

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		Bbls. Condensate/MCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (pitot, back pr.)	Tubing Pressure (psat-in)	Casing Pressure (psat-in)	Choke Size

I. 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.

Her Brandes  
(Signature)  
Senior Administrative Specialist  
(Title)  
July 22, 1985  
(Date)

OIL CONSERVATION COMMISSION  
AUG 2 1 1985

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON  
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 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 Form C-104 must be filed for each pool in multi-