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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 1-1-83

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: AUG 1 1985
Recompletion <input type="checkbox"/>	
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

I. DESCRIPTION OF WELL AND LEASE

Lease Name E.W. Walden "X"	Well No. 13	Pool Name, including Formation Penrose Skelley Grbg.	Kind of Lease State, Federal or Fee Fee	Lease No. --
Location				
Unit Letter K : 1450 Feet From The South Line and 1400 Feet From The West				
Line of Section 15 Township 22S Range 37E NMPM Lea County				

I. 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)					
Shell Pipeline Company	P.O. Box 1910, Midland, TX 79701					
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)					
Texaco Producing Inc.	P.O. Box 3000, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 15	Twp. 22S	Pge. 37E	Is gas actually connected? Yes	When Nov. 1982

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

II. COMPLETION DATA

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

III. 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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

IV. 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.


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

OIL CONSERVATION COMMISSION	
AUG 2 1 1985	
APPROVED	19
ORIGINAL SIGNED BY JERRY SEXTON	
BY DISTRICT 1 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.	
Supersede Form C-104 must be filed for each pool in multiple	