

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|-----------------------|-----|
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| SANTA FE | |
| FILE | |
| U.S.O.B. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | NAT |
| OPERATION | |
| PRODUCTION OFFICE | |

Operator

Anadarko Production Company

Address

P.O. 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

DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------|---|---|-----------|
| Lease Name F.W. Walden | Well No. 13 | Pool Name, Including Formation Penrose Skelly - Grayburg | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter <u>K</u> : <u>1450</u> Feet From The <u>South</u> Line and <u>1400</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>22S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|--|------------|-------------|---------------|-----------------------------------|------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Company | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910 Midland, Texas 79701 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Company | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1137 Eunice, New Mexico 88231 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit M | Sec. 15 | Twp. 22S | Range. 37E | Is gas actually connected? Yes | When 11-15-82 |

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

COMPLETION DATA

| | | | | | | | | |
|---|---|----------|--------------------------|----------|-----------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well X | Gas Well | New Well X | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded 10-25-82 | Date Compl. Ready to Prod. 11-14-82 | | Total Depth 4050' | | P.B.T.D. 4041' | | | |
| Elevations (DF, RKB, RT, CR, etc.) 3392.3 GR | Name of Producing Formation Grayburg | | Top Oil/Gas Pay 3641' | | Tubing Depth 4010' | | | |
| Perforations 3641-3846 | | | | | Depth Casing Shoe | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|----------------------|--------------------------------|--------------------|-------------------------------|
| HOLE SIZE 12 1/4" | CASING & TUBING SIZE 8-5/8" | DEPTH SET 1130' | SACKS CEMENT 575 8x 4 1/2" |
| 7-7/8" | 5 1/2" | 4050' | 680 8x 4 1/2" @ 1180' |
| | 2-3/8" | 4010' | |

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)

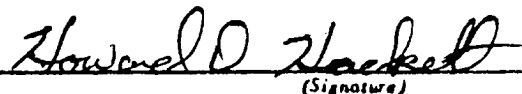
| | | | |
|---|--------------------------|---|-----------------|
| Date First New Oil Run To Tanks 11-15-82 | Date of Test 11-16-82 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 | Tubing Pressure 30# | Casing Pressure 30# | Choke Size |
| Actual Prod. During Test 196 | Oil-Bbls. 75 | Water-Bbls. 121 | Gas-MCF 31.5 |

GAS WELL

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

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.



Production Foreman

(Title)

OIL CONSERVATION DIVISION

NOV 22 1982

APPROVED _____, 19

ORIGINAL SIGNED BY

BY JERRY SEXTON

TITLE DISTRICT 1 SUPR.

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.