

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator

Anadarko Production Company

Address

P. O. Box 806, Eunice, NM 88321

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 LMPSU 1-13-C	Well No. 11	Pool Name, including Formation Langlie Mattix, Queen, Gray	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter A	150	Feet From The North	Line and 1310	Feet From The East	
Line of Section 27	T. mship 22S	Range 37E	NMPM, Lea	County	

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, TX					
Name of Authorized Transporter of Casinghead Gas <input 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) Two Midland National Center, Midland, TX					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 27	Twp. 22S	Rge. 37E	Is gas actually connected? Yes	When 2-22-83

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input 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 1-20-83	Date Compl. Ready to Prod. 2-22-83		Total Depth 3715'		P.B.T.D. 3671'			
Elevations (DF, RKB, RT, GR, etc.) 331 GR	Name of Producing Formation Queen		Top Oil/Gas Pay 3502		Tubing Depth 3612			
Perforations 3502'-10', 3548'-52', 3580'-84', 3602'-06'					Depth Casing Shoe 3711'			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8-5/8" 24# J-55	1132'	650 ΔX "C"
7-7/8"	5 1/2" 17# K-55	3711"	700 ΔX

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 2-23-83	Date of Test 2-27-83	Producing Method (flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 35#	Casing Pressure 35#	Choke Size -----
Actual Prod. During Test 257 bbls.	Oil-Bbls. 187 bbls.	Water-Bbls. 70 bbls.	Gas-MCF 23.4

## 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

## 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.



Field Foreman

(Signature)

(Title)

March 8, 1983

(Date)

## OIL CONSERVATION DIVISION

MAR 14 1983

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

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I 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 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