

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
1. SANTA FE	
2. FILE	
3. U.S.G.S.	
4. LAND OFFICE	
5. TRANSPORTER	
6. OIL	
7. GAS	
8. OPERATOR	
9. PRODUCTION OFFICE	

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

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

DESCRIPTION OF WELL AND LEASE

Lease Name LMPSU Tract 36	Well No. 6	Pool Name, Including Formation Langlie Mattix-Penrose	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter G ; 1330 Feet From The North Line and 2490 Feet From The East				
Line of Section 34 Township 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"/>	Address (Give address to which approved copy of this form is to be sent)				
Texas New Mexico Pipeline Company	P.O. Box 1510 Midland, Texas 79702				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Getty Oil Company	Two Midland National Center, Midland, Texas				
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 27	Twp. 22S	Rge. 37E	Is gas actually connected? When

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 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 2-2-83	Date Compl. Ready to Prod.		Total Depth 3712'		P.B.T.D. 3706'			
Elevations (DF, RKB, RT, CR, etc.) 3327.6	Name of Producing Formation Penrose		Top Oil/Gas Pay		Tubing Depth			
Perforations 3673-79, 3657-61, 3650-61, 3637-40, 3630-35, 3625-28, 3579-96, 3571-76, 3549-65 2 SPF 1/2" holes, 124 holes total.	Depth Casing Shoe 3712'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8-5/8" 24# J-55		1092'		600 sx Class C - 1st			
					stage 100 sx, 2nd stage			
7-7/8"	5 1/2" 17# K-55		3712'		1200 sx.			
	2-7/8" 6.5# J-55				300 sx thru DV Tool			

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)

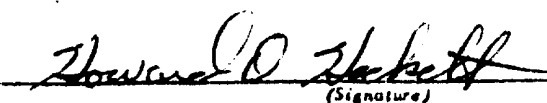
Date First New Oil Run To Tanks 6-17-83	Date of Test 6-24-83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 40#	Casing Pressure 40#	Choke Size
Actual Prod. During Test 502 bbls.	Oil-Bbls. 368	Water-Bbls. 134	Gas-MCF 32.6

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.


(Signature)

Field Foreman

(Title)

June 29, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 11 1983, 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

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name Langlie Mattix PSU
2. Name of Operator Anadarko Production Company	8. Farm or Lease Name Tract 36
3. Address of Operator P. O. Box 806, Eunice, NM 88231	9. Well No. 6
4. Location of Well UNIT LETTER G 1330' FEET FROM THE North LINE AND 2490' FEET FROM THE East LINE, SECTION 34 TOWNSHIP 22S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3327.6' GR	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

See Attached Page

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>H. J. Sexton</u>	TITLE <u>Field Foreman</u>	DATE <u>February 22, 1983</u>
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT 1 SUPERVISOR		
APPROVED BY _____	TITLE _____	DATE <u>FEB 24 1983</u>
CONDITIONS OF APPROVAL, IF ANY:		