

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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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Anadarko Production Co.

Address
P.O. Box 806, Eunice, New Mexico 88231

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>L.M.P.S.U. Tract 15</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Langlie Mattix-Penrose</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>Fee</u>
Location				
Unit Letter <u>I</u>	<u>2025</u>	Feet From The <u>South</u>	Line and <u>550</u>	Feet From The <u>East</u>
Line of Section <u>22</u>	Township <u>22-S</u>	Range <u>37-E</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"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Shell Pipeline Company</u>	<u>P.O. Box 1165, Eunice, New Mexico 88231</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>Getty Oil Company</u>	<u>Two Midland National Center, Midland, Texas</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>22</u>	Twp. <u>22-S</u>	Rge. <u>37-E</u>	Is gas actually connected? <u>Yes</u>	When <u>January 14, 84</u>

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. Re <input type="checkbox"/>
Date Spudded <u>December 16, 1983</u>	Date Compl. Ready to Prod. <u>January 24, 1984</u>		Total Depth <u>3793</u>		P.B.T.D. <u>3685</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3337.5 GR</u>	Name of Producing Formation <u>Penrose</u>		Top Oil/Gas Pay <u>3436</u>		Tubing Depth <u>3665</u>			
Perforations <u>3436-3626</u>					Depth Casing Shoe <u>3792</u>			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4"</u>	<u>8-5/8" - 24#</u>	<u>1104'</u>	<u>565 sacks</u>
<u>7-7/8"</u>	<u>5-1/2" - 17# & 15.5#</u>	<u>3792'</u>	<u>950 sacks</u>

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 <u>January 14, 1984</u>	Date of Test <u>February 2, 1984</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>35#</u>	Casing Pressure <u>35#</u>	Choke Size <u>-----</u>
Actual Prod. During Test <u>422</u>	Oil - Bbls. <u>54</u>	Water - Bbls. <u>368</u>	Gas - MCF <u>3.9</u>

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, 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.

John C. English
(Signature)
Area Supervisor
(Title)
February 14, 1984
(Date)

OIL CONSERVATION DIVISION
FEB 17 1984

APPROVED _____, 19____
ORIGINAL SIGNED BY JERRY SEXTON
BY _____ 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 deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 multi-completed wells.

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