

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.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PROMOTION OFFICE	

Operator Anadarko Production Company	
Address P. O. Box 806 1321 North Main 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name LMPSU Tract 13C	Well No. 12	Pool Name, including Formation Langlie Mattix - Queen	Kind of Lease State, Federal or Fee Fee	Lease N
Location Unit Letter C : 110 Feet From The North Line and 2580 Feet From The West				
Line of Section 27 Township 22S Range 37E, NMPM, Lea County				

III. 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 Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1165 Eunice, New Mexico, 88231					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Co.	Address (Give address to which approved copy of this form is to be sent) Two Midland National Center, Midland, Texas					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 22	Twp. 22S	Rge. 37E	Is gas actually connected? Yes	When 2-21-84

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
Date Spudded 1-4-84	Date Compl. Ready to Prod. 2-21-84		Total Depth 3702		P.B.T.D. 3661			
Elevations (DF, HKB, RT, CR, etc.) 3340.4 GR	Name of Producing Formation Penrose		Top Oil/Gas Pay 3517		Tubing Depth 3637			
Perforations 3517-22 3531-37 3548-49 3554-55 3559-61	3566-69 3593-99		Depth Casing Shoe 3702					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8 24#		1156		600 SX			
7 7/8"	5 1/2 15.5#		3702		950 SX			

V. 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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 2-21-84	Date of Test 2-26-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure 25	Casing Pressure 25	Choke Size
Actual Prod. During Test 274	Oil-Bble. 111	Water-Bble. 163 BW	Gas-MCF 29.6

GAS WELL

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

VI. 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.

Howard O. Shackelford
(Signature)

Field Foreman

(Title)

3-12-84

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 21 1984, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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 deviator 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-