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BTATE OF NEW MEXICO NERGY AND MINERALS DEPARTME	RGY AND MINERALS DEPARTMENT		Form C-304 Revised 10-1-70
DISTRIBUTION P. O. BO SANTA FE SANTA FE, NEW		BOX 2088	
	SANTATE, N		
TRANSPONTER OIL	REQUEST F	OR ALLOWABLE	
OPENATION OPPICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GAS	•
Anadarko Produc	tion Company		
P.O. Box 806	Eunice, New Mexico 88231		
Reason(s) for filing (Check prope New Well	r boxj Change in Transporter ol:	Other (Please explain)	
Recompletion		Cas	
If change of ownership give na and address of previous owner			
I. DESCRIPTION OF WELL A	ND LEASE Well No. Pool Name, Including	Formation Kind of L	ease Lease N
Hugh	16Y Eunice, S.A.		deral or Foo Fee
Location Unit Letter E ;	1650 Feet From The North	ine and 950 Feet Fr	om The West
Line of Section 14	T. maship 225 Range		2a Coun
			7.11. /
Nome of Authorized Transporter of	ORTER OF OIL AND NATURAL (i Cil X or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)
Texas-New Mexico Name of Authorized Transporter of	-	P.O. Box 1510 Midland], TX proved copy of this form is to be sent)
Warren Petroleum	1	South of City Eunice	
If well produces oil or liquids, give location of tanks.	$\begin{array}{c} \text{Unit} & \text{Sec} \\ \text{D} & 14 & 22 \text{S} & 37 \text{E} \\ \end{array}$	ls gas octually connected? Yes	When 3-21-84
If this production is commingle COMPLETION DATA	d with that from any other lease or pool	l, give commingling order number:	PC - 617
Designate Type of Compl	etion — (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Re
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-30-84 Elevations (DF, RKB, RT, GR, et	3-19-84 c. j Name of Producing Formation	40 30 ' Top Oil/Gas Pay	3992 ' Tubing Depth
3361 GR	San Andres	3900'	3980 Depth Casing Shoe
Perforations 3900-05 3926-30	3965 3978 3987 3974 3986		4029
101 E 617 E	TUBING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	8 5/8" 24#	1181	615 SX
7 7/8"	5 ¹ / ₂ " 15.5#	4029	1330 SX
7 7/8"	2 7/8"		
TEST DATA AND REQUEST	'FOR ALLOWABLE (Test must be able for this c	lepth or be for full 24 hours)	oil and must be equal to or exceed top a
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
3-21-84 Length of Test	4-28-84 Tubing Pressure	Pump Casing Pressure	Choke Size
24 Hrs	25 Oll-Bble.	25 Water-Bble.	– Gas - MCF
115	14	101	23
GAS WELL	· · · · · · · · · · · · · · · · · · ·		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIA	INCE		1 1984
Division have been complied w	d regulations of the Oll Conservation ith and that the information given	APPROVED	, 19
show is true and complete to the best of my knowledge and belief.		BYDE GINAL SIGNED BY JERRY SEXTON	
. /		TITLE	
Zhora O Zhebeth		If this is a request for all	compliance with RULE 1194. wable for a newly drilled or deepe
(Signature)		well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with NULE 111.	
•	Tile)	able on new and recompleted v	
May 25, 1984 (Dole)		wall name or number, or transpo	11, 111, and VI for changes of ow rter, or other such change of condit
		Separata Forma C-104 mu	st be filed for each pool in mult

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