

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 DESIRED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.U.B. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| 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

II. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|--|---------------|--|--|-----|-----------|
| Lease Name Metex Supply "A" | Well No. 4 | Pool Name, Including Formation Langlie Mattix 7 River Queen | Kind of Lease State, Federal or Fee | Fee | Lease No. |
| Location Unit Letter C 1650 Feet From The West Line and 660 Feet From The North | | | | | |
| Line of Section 3S Township 22S Range 37E, NMPM, Lea Coun | | | | | |

III. 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 Pipeline Co. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510 Midland, Tx 79701 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty (Texaco) Oil Co. | 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 D Sec. 35 Twp. 22S Rge. 37E |
| Is gas actually connected? | When 10-18-84 |

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 <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 5-2-84 | Date Compl. Ready to Prod. 10-18-84 | Total Depth 3800 | P.B.T.D. 3745' |
| Elevations (DF, RKB, RT, GR, etc.) 3312.1 GR | Name of Producing Formation Penrose | Top Oil/Gas Pay | Tubing Depth 3651' |
| Perforations 3617, 3641, 3647, 3650, 3653, 3666, 3671, 3673, 3675, 3686, 3689, 3691, 3705, 1 SPF, 3550-75' 2 SPF | | | Depth Casing Shoe 3790' |
| TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/4 | 8 5/8" J-55 | 1118' | 560 SX |
| 7 7/8 | 5 1/2" K-55 | 3790' | 1825 SX |
| | 2 3/8 | 3652' | |

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 allowable for this depth or be for full 24 hours)

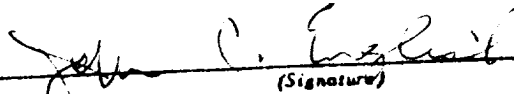
| | | | |
|---|--------------------------|---|-----------------|
| Date First New Oil Run To Tanks 10-18-84 | Date of Test 10-26-84 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 Hrs. | Tubing Pressure 35 # | Casing Pressure 35 # | Choke Size - |
| Actual Prod. During Test 205 | Oil-Bbls. 46 | Water-Bbls. 159 | Gas-MCF 18.3 |

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 |

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.


(Signature)

Area Supervisor
(Title)

October 26, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 30 1984, 19

BY Eddie W. Seay

TITLE Oil & Gas Inspector

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 device 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 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.