Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Er. J, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

	REQUEST F	OR ALL	.OWA	BLE AND	AUTHORI	ZATION				
I.	TOTR	ANSPO	RT OI	L AND NA	TURAL G	AS				
Operator							API No.			
Anadarko Petroleu	m Corporation	30-			-025–31658					
Address										
P.O. Box 806 Eur	ice, NM 88231									
Reason(s) for Filing (Check proper box	r)			Ou	er (Please expl	ain)				
New Well 📈		in Transporte	er of:		•	•				
Recompletion	oa 🗀	Dry Gas								
Change in Operator	Casinghead Gas	Condensa	te 🗍							
If change of operator give name										
and address of previous operator							· · · · · · · · · · · · · · · · ·			
II. DESCRIPTION OF WEL	LANDIFACE			•					•	
	und unit Well No.	Pool Nam	e Includ	ling Formation	SRANG	R Kind	of Lease		ease No.	
Langlie Mattix Penro	se Tr 10 5	Lan	glie	Mattix 1	Penwese		Federal or Fe		Ease No.	
Location										
J	1390			South	133	39		East		
Unit Letter	:	_ Feet From	The	Lin	e and	F	et From The		Line	
Samias 21 Tana	22S		37E			Lea			_	
Section 2 Town	ship	Range		, N	MPM,				County	
III DESIGNATION OF TO	NEDODTED OF C	MI AND	BIA TET	IDAT CAC						
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	or Condo		NAIU		re address to wi	hish samanas	l a amou and a bisa			
Shell Pipeline	or Coulde			P.O. B	ox 1910 M	Midland.	Tx 797	01	eni)	
Name of Authorized Transporter of Ca	tinghead Cos	ghead Gas v or Dry Gas					copy of this form is to be sent)			
Texaco Expl & Prod 1		or Dry Ga	18		ne address to whom is a second of the second			orm is to be si	eni)	
		1=		1						
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge. 371		y connected?	When	7 pletion	Dato		
	 _ 					COI	brecrou	Date		
f this production is commingled with the	at from any other lease or	r pool, give o	comming	ding order num	ber:	· · · · · · · · · · · · · · · · · · ·				
V. COMPLETION DATA										
Desir out To CO 1st	Oil Wel	ll Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	on - (X) X			X	1	1	1	1		
Date Spudded	Date Compl. Ready to	o Prod.		Total Depth	•		P.B.T.D.			
10-9-92	11-6-92			3800	7			3755 '	f	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Dep			
3362.2 RKB	Penrose			3512'			3500'			
Perforations 3512,14,18,26,		8.46.48	19.		74.76.86	5.88.98	Denth Casin			
3600,04/06,20,21,39,		0, 10, 10	,, 10,	33 7 02 7 72	,,1,,0,0,0	OKKZ	1	3800		
3000,04/00,20,21,33,		CASINIC	2 ANID	CEMENITH	NC PECOP		1	3000		
HOLE SIZE				CEMENTI	NG RECOŘ	<u>u</u>				
		CASING & TUBING SIZE 13 3/8			DEPTH SET			SACKS CEMENT 230 SX 35/65 POZ C 125		
17½				385						
11	8 5,	/8	·	+	2630		50 SX C 600 SX 35/65			
7 7/8	7 7/8 5½			3800			230 SX 35/65 POZ C 200			
	2 7/			350	0				40/60	
. TEST DATA AND REQU	EST FOR ALLOW	ABLE								
	r recovery of total volume	of load oil	and musi					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing Mo	ethod (Flow, pu	mp, gas lift, e	tc.)		ŀ	
11-6-92	11-6-92			Pump 21/2	X 2 X 20	<u> inser</u>	5			
Length of Test	Tubing Pressure			Casing Press.	ire		Choke Size			
24 hr	160			1	160			2"		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
106	106				196			626		
O A C YERRY F	_1						1	·· · · · · · · · · · · · · · · · · · ·		
GAS WELL			<u> </u>				·			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conden	sate/MMCF		Gravity of C	ondensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shul	t-in)		Casing Pressu	re (Shut-in)		Choke Size			
									1	
I. OPERATOR CERTIFI	CATE OF COM	אר ו ו	F							
		_	L	\parallel	DIL CON	SERV	I NOITA	DIVISIO)N	
I hereby certify that the rules and reg Division have been complied with an						,,,,,,		,	. • •	
is true and complete to the best of m		CII 80075		_	_	·		4 -	_	
/) / · // · · ·				Date	Approved	t	N(<u>9' 6 L VC</u>	2	
(Notes	1. /				- *					
Jul A	mysey			D.,	ORIGIN	AL SIGNED	BY JERRY	SEXTON		
Signature	/ hat all a m-	· ·		∥ By_	On The Later of th	BISTRICT	SUPERVIS	08		
Rick L. Langley	/Field Fo									
Printed Name	394-318	Title		Title	W. 7					
November 11, 1992		enhone No								
LAIC	· f'al-	ENVIOLE DAY								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.