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

State of New Mexico E. _y, Minerals and Natural Resources Departmen.

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

	HEQUEST	FOR ALLOWA	RIF AND	AUTHORIA	ZA HON				
ι	TOTR	ANSPORT O	L AND NA	TURAL GA					
Operator Anadarko Petroleum	Corporation						API No. -025-31659		
Address P.O. Box 806 Euni	ce, NM 88231								
Reason(s) for Filing (Check proper box)			Oth	er (Please expla	iin)	· · · · · · · · · · · · · · · · · · ·			
New Well X	Change:	in Transporter of:							
Recompletion	Oil _	Dry Gas							
Change in Operator	Casinghead Gas	Condensate							
f change of operator give name nd address of previous operator								<u> </u>	
I. DESCRIPTION OF WELL		Dath. Take	i	70	A 201 1			_	
Lease Name Langlie Mattix Pen	Sund time Well No rose Tr 4 5		ung rommauon , attix Per	δΚ-4/ñ-⟨¬; 2000 c	State,	of Lease Federal on Fee	Lease No.		
Location	A	1						\dashv	
Unit Letter K	: 1331	_ Feet From The _	outhLine	and	Fc	et From The	estLine		
Section 22 Townsh	ip 22S	Range 3'	7E , N	мРМ,	Lea		County		
II. DESIGNATION OF TRAI	SPORTER OF (OIL AND NATU	JRAL GAS						
Name of Authorized Transporter of Oil	or Conde		Address (Giw			copy of this form i	s to be sent)	\neg	
Shell Pipeline			P.O. Bo	x 1910 M	lidland,	Tx 79701			
Name of Authorized Transporter of Casin	-	or Dry Gas	1			copy of this form i	s to be sent)		
Texaco Expl & Prod				r 0000 x					
If well produces oil or liquids,	Unit Sec.	Twp. Rge	1 -	y connected?	When				
ive location of tanks.	L 22	22S 37E	Yes		Com	pletion Da	te		
f this production is commingled with that V. COMPLETION DATA	from any other lease o	or pool, give comming	gling order numb	Der:			·		
Designate Type of Completion	- (X) Oil We	ell Gas Well	New Well	Workover	Deepen	Piug Back Sam	e Res'v Diff Res'v		
Date Spudded	-	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
9-11-92	9-22-92	3790			3753!		_		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing I	Top Oil/Gas Pay 3512			Tubing Depth 3500				
3346.5 RKB Perforations 3512,19,24,27,3	Penrose	7 60 00 00 0		00 3ENO	71117			_	
18,24,25,31,33,48,		4,09,02,03,	92,93,90,	, euoc , ee . ()	K2	Depth Casing Sho	.		
10,21,20,01,00,10,		, CASING AND	CEMENTIN	NG RECORI		1		\dashv	
HOLE SIZE		TUBING SIZE		DEPTH SET			(S CEMENT	-	
17½"	13 3/8"		385			190 SX 35/65 POZ C 125		SX	
11"	8 5/8"		2700			1045 SX 25/65 POZ C 50		4	
7 7/8"	5½"		_1	790			65 POZ C 100		
	2 7/8				 	50/50		7	
. TEST DATA AND REQUE		ABLE		,		1 23/ 33			
	recovery of total volume	e of load oil and mus					! 24 hours.)		
Date First New Oil Run To Tank	Date of Test		Producing Me	thod (Flow, pu	mp, gas lift, e	Ic.)			
11-5-92	11-5-92		Pump					_	
ength of Test	Tubing Pressure		Casing Pressure			Choke Size			
24 hr	100	100		100			2"		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF			
48	48	289			289				
GAS WELL									
Actual Prod. Test - MCF/D	Length of Test	,	Bbis. Condens	sale/MMCF		Gravity of Conde	nsate	7	
esting Method (pitot, back pr.)	Tubing Pressure (Shi	Casing Pressu	Casing Pressure (Shut-in)		Choke Size		-		
/I. OPERATOR CERTIFIC	LATE OF COM	PLIANCE	1		···········	<u> </u>		_]	
I hereby certify that the rules and regul				DIL CON	SERVA	ATION DIV	/ISION		
Division have been complied with and	that the information of	ven above							
is true and complete to the best of my			D=1-	A no	4	NOV 16'	92		
/) / l	/ 1/ .	/	Date	Approved	J	-,		_	
(Si II	Jani la					معجوم برده وموريي	nėl		
Signature	July M		By_	ORIGINAL	SIGNED B	Y JURRY SEXTO	714		
Rick L. Langley	Field/Fo	oreman		BIST	TRIGIT I SU	PERVISOR			
Printed Name		Title	Title.						
November 11, 1992		denhone No		· · ····				_	
Linda	T_	LAMBORA NA	1.3						

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.