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

State of New Mexico 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

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	ד	OTR	ANS	PORT OI	L AND N	ATURAL G				
Operator Anadarko Petroleum Corporation								1 API No. 0-025-31660		
Address P.O. Box 806 Eu	nice,	NM 8	3823	31						
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghead		Dry	sporter of: Gas densate		ther (Please exp	lain)			
If change of operator give name	Cangian									
and address of previous operator							····			
II. DESCRIPTION OF WELL Lease Name Sand U Langlie Mattix Penr	nit	Well No.				• SR, Ç N,		of Lease Federal or Fee	Lease No.	
Location Unit LetterC	Tr, 136 38	3		_	North	ine and	'9	₩eet From The	estLine	
Section 27 Townshi	22	2S	Ran	37E	,	NMPM,		Lea	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										
Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)										
						P.O.Box 1910 Midland, Tx 79701				
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
exaco Producing Inc.					P.O. Box 3000 Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.					Is gas actually connected? When			mpletion Date		
If this production is commingled with that i		- M-2	=			mber	I Co	mpretion	Date	
IV. COMPLETION DATA								l n. n. lo	n home	
Designate Type of Completion	- (X)	Oil Wel	" ! !	Gas Well	New Wel	I Workover	Deepen	Plug Back San	ne Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth	1		P.B.T.D.		
9-4-92	10-27-92				3800'		3757			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
3354.4 RKB	Penrose				3532 '			3725		
Perforations								Depth Casing Shoe 3800		
3532,34,36,38,46,53,60,67,74,81,3603,34						37 , 52 , 54	,55,69	70,72,8	4,86,87	
	TUBING, CASING AND					CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
175"	13 3/8							180 SX 35/65 100 SX (
11"		8 5/8			2790			1054 SX 35/65 200 SX		
7 7/8"	5½				3800			150 SX 50/50 550 SX I		
U. mnom p. m Alin pinovijos	2 7/8				3725		<u> </u>			
V. TEST DATA AND REQUES						1. "				
OIL WELL (Test must be after recovery of total volume of load oil and must be Date First New Oil Run To Tank Date of Test						be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)				
10-24-92	Date of Test 10-30-92									
Length of Test					Pump Casing Pressure			Choke Size		
24	100#			100#			2"			
Actual Prod. During Test				Water - Bbis.			Gas- MCF			
51	51				328		369			
GAS WELL				•				*		
Actual Prod. Test - MCF/D Length of Test						Bbls. Condensate/MMCF Gravity of Condensate				
24					<u>-</u>			_		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)		Choke Size			
L OPERATOR CERTIFICA	ATE OF C	COMP	PLIA	NCE						
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above					NOV 05 '92					
is true and complete to the best of my knowledge and belief.					Date Approved					
Took & Man, les					D.	By Digned by				
Signature ick L. Langley Foreman					By Paul Kauts Geologisti					
Printed Name Title										
ctober 30, 1992 394-3184 Title										
)ate		Tele	phone	No.						

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.
- 1) Separate Form C-104 must be filed for each pool in multiply completed wells.