	NO. OF COPIES RECEIVED				
	SANTA FE	NEW MEXICO OIL CO	FOR ALLOWABLE	Form C+104 Supersedes Old (+104 and (+1) Effective 1-1-6;	
	U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL G		
	LAND OFFICE				
	TRANSPORTER GAS		KEC	EIVED	
	OPERATOR PROBATION OFFICE		FFR :	5 1980	
I.	Operator		0.0	<u> </u>	
	Anadarko Production Company O. C. D. Address ARTESIA, OFFICE				
	P. O. Box 67, Loco Hills, New Mexico 88255				
	Reason(s) for filing (Check proper box)		Other (Please explain) Change to be effective.	ctive 3-1-80.	
	New Well Recompletion	Change in Transporter of: Oil X Dry Gai	. .	r - Navajo Refining Co.	
	Change in Ownership	Casinghead Gas Conden	eate .	Pipeline Division	
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND I	EASE			
	Loco Hills "B" Federal	Well No. Pool Name, Including Fo			
	Location	prayourg outline	7///		
	Unit Letter N ; 660	Feet From The South Line	and 1980 Feet From	rhe West	
	Line of Section 9 Tow	nship 17S Range	30Е , ММРМ,	Eddy	
m.	DESIGNATION OF TRANSPORT		S Address (Give address to which appro-	and come of this form	
	Basin, Inc.			7. Midland, Texas 79701	
	Phillips Petroleum Comp		P. O. Box 6666, Odessa,		
	If well produces oil or liquids,	Unit Sec. Twp. Rge. P 9 17S 30E	is gas actually connected? Who	8-4-72	
	If this production is commingled with			0-4-72	
IV.	COMPLETION DATA	Oil Well Gas Well New Well Workover Deepen Plug Back Same Hear			
	Designate Type of Completion			1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations		<u> </u>	Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
				•	
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil able for this depth or be for full 24 hours)			1		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	po > 1 3 0	
	Length of Test	Tubing Pressure	Casing Pressure	(t, etc.) 0 > 0 3 8 0 Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gae-MCF	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	1,500				
VI	CERTIFICATE OF COMPLIANCE	•	72.474	ATION COMMISSION	
	I hereby certify that the rules and r Commission have been complied w above is true and complete to the	ith and that the information given	BY W, G, S	resset	

Supervisor (Title)

January 18.
(Date)

SUPERVISOR, DISTRICT L

This form is to be filed in compliance with RULE 1104 If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owne well name or number, or transporter, or other such change of condition