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OPERATOR	3
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

JUL 22 1968

I. Operator
ANADARKO PRODUCTION COMPANY
ARTESIA, OFFICE

Address
P. O. Box 9317, FORT WORTH, TEXAS 76107

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
CHANGE OF OWNERSHIP EFFECTIVE MAY 1, 1968 w/ OPERATIONS ASSUMED BY ANADARKO ON JULY 9, 1968

If change of ownership give name and address of previous owner
HARVEY E. YATES, 207 1/4th St., ARTESIA, NEW MEXICO 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name BALLARD "B"	Well No. 3	Pool Name, Including Formation LOCO HILLS	Kind of Lease XXX Federal XXX	Lease No. LC 061701
Location Unit Letter M ; 990 Feet From The S Line and 990 Feet From The W Line of Section 8 Township 18S Range 29E , NMPM, EDDY County				

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 PIPE LINE	Address (Give address to which approved copy of this form is to be sent) Box 1510, MIDLAND, TEXAS 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Valley Gas Corp.	Address (Give address to which approved copy of this form is to be sent) Cooper Bros., Artesia, New Mexico
If well produces oil or liquids, give location of tanks. Unit M Sec. 8 Twp. 18S Rge. 29E	Is gas actually connected? <input checked="" type="checkbox"/> When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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	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 and must be equal to or exceed top allowable for this depth or be for full 24 hours)

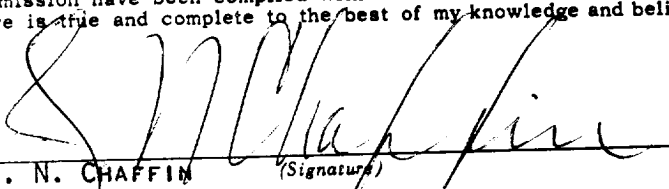
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


J. N. CHAFFIN (Signature)
PRODUCTION RECORDS SUPERVISOR (Title)
JULY 17, 1968 (Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 22 1968, 19
 BY W. A. Gressett
 TITLE OIL AND 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 deepened 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 owner, well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.