۱		<u>.</u>		
	DISTRIBUTION		NSERVATION CT ISSION	Porm C-104 Supersedgs Old (-104 and (-110
	FILE		AND	Effective 1-1-65
		AUTHORIZATION TO TRAP	SPORT OIL AND NATURAL GAS RECEIVED	
	TRANSPORTER OIL /		RECEIVED.	
	OPERATOR /		FEB 5 1980	
••	Operator	O. C. D.		
Anadarko Production Company Address				
	P. O. Box 67, Loco Hills, New Mexico 88255 Reesen(s) for filing (Check proper box) Other (Please explain)			
	New Well Change in Transporter of: Change to be effective 3-1-80.			
	Recompletion	Oil X Dry Gas		- Navajo Refining Co.
ļ	Change in Ownership	Casinghead Gas Condens		Pipeline Division
	If change of ownership give name and address of previous owner			
n.	DESCRIPTION OF WELL AND LEASE			
	Lease Name Well No. Pool Name, Including Formation Kind of Lease B-809			
	Location			
	Unit Letter P ; 330 Feet From The South Line and 330 Feet From The East			
	Line of Section 9 Tow	nship 195 Range	29E NMPM. Eddy	
	Cherry Control / Tongo 2/D , TMPM, LOGY			
	DESIGNATION OF TRANSPORTER OF OIL, AND NATURAL GAS Name of Authorized Transporter of Oil 20 or Condensate 2 Address (Give address to which approved copy of this form is to be sent			
	Basin, Inc. 511 W.Ohio, P.O.Box 2297, Midland, Texas 797			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is in the sent			
If well preduces all or liquide, Unit Sec. Twp. Rge, Is gas actually connected? When give legation of tanks. P 9 195 29E No				-
		h that from any other lease or pool, (· ·
	COMPLETION DATA			
Designate Type of Completion - (X)				rug back Same Rest of Mesty
	Dete Spudded	Date Compl. Ready to Prod.	Tetal Depth F	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Fubing 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 or pation of this depth or be for full 24 houre) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			
	Length of Tool	Tubing Pressure	Casing Pressure	Choke Size
		1		Choke Size Po 3
	Actual Pred. During Teet	Oil-Bbis.	Water - Bble.	Gas-MCF
			I	2-2 14
	GAS WELL Actual Pred. Test-MCP/D	Length of Test	Bble. Condenagte/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shet-in)	Casing Pressure (Shut-18)	Choke Size
VI.	CERTIFICATE OF COMPLIAN	CE		ION COMMISSION
		handly could that the rules and completions of the Oil Concernation		1980
	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.		APPROVED	issett
			BY SUPERVISOR, D	ISTRICT II
			This form is to be filed in co If this is a request for allows	ble for a newly drilled or deepened
			If this is a request for allowable for a newly drilled or despend 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 allow- able 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.
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