REQUEST FOR ALLOWABLE AND U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPEGATOR O. C. D.					E	Form C-104 Supersedra Old C-104 and C-1 Effective 1-1-65 AS
ı.	Operator			IA, OFFICE		
i	Anadarko Petroleum Corporation					
	P. O. Box 2497 Midland, Texas 79702					
	Reason(s) for filing (Check proper box) Change in Transporter of: Change in Ownership Effective:					
	Now Well	Change In Transpor	7	C 1	in Ownershi	p Effective:
	Recompletion Change in Ownership X	CII Casinghead Cas	Dry Gas Conden	一 声 1	AUG :	1 1985
	If change of ownership give name and address of previous owner A	nadarko Product	ion Compar	ny, P.O. Box	2497. Midlan	d. Texas 79702
	DESCRIPTION OF WELL AND I	LEASF				
-	Lease Name	Well No.: Pool Nan	e, including Fo	rmation	Kind of Lease State, Federal	cr Fee State B-3635
	Burnham GSAU Tract 2 3 Square Lake Grbg., San Andres State, Federal or Fee State B-3635					
	1 -	Feet From The S	outhLine	and <u>660</u>	Feet From T	heEast
			_		мр и,	Eddy County
	Line of Section 2 Tow	mahtp 17S	Range	30E . N		- Eury
а.	DESIGNATION OF TRANSPORT	ER OF OIL AND N	ATURAL GA	S Andress (Give addr	ess to which approv	ed copy of this form is to be sent)
	Name of Authorized Transporter of Cul or Condensate Navajo Refining Company - Trans & Supply			P.O. Box 159, Artesia, NM 88210		
	Name of Authorized Transporter of Castnanead Gas X or Dry Gas			Address Give address to which approved copy of this form is to be sent) P.O. Box 1267, Ponca City, OK 74601		
_	Conoco	Unit Sec. Tw	p. P.ge.	Is gas actually con		
	If well produces oil or liquids, give location of tanks.		7S 30E	Yes	i i	NA
	If this production is commingled with that from any other lease or pool, give commingling order number:					
V.	COMPLETION DATA CII Well Gas Well			New Well Works		Plug Back Same Restr. Dill. Restv
	Designate Type of Completion — (X)					P.B.T.D.
	Date Spudded	Date Compl. Ready to F	rod.	Total Depth		
	Elevations (DF, RKB, RT, CR, etc.)	Name of Producing For	action	Top Oll/Gas Pay		Tubing Depth
		<u> </u>		<u> </u>		Depth Casing Shoe
	Periorations					
				CEMENTING RE	H SET	SACKS CEMENT
	HOLE SIZE	CASING & TUBI	NG SIZE	DEPT	H 3C I	Post ID-3
						9-6-85
		ļ				Chy op Name
	TEST DATA AND REQUEST FOR ALLOWABLE (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)					
٧.	OIL WELL					
	Date First New Oil Run To Tonks	Date of Test				
	Length of Test	Tubing Pressure		Cosing Pressure		Chcke Size
	Actual Pred. During Test	Oil-Bbls.		Water - Bbls.		Gos-MCF
	Actual Pies. Daime					1/
	GAS WELL Actual Pred. Test-MCF/D	Length of Test		Bale. Condensate/	MAKEF	Gravity of Condensate
		,=		Casing Pressure (Shut-in)	Choke Size
	Testing Method (pilot, back pr.)	Tubing Frees == (Shut	-1B }		<u> </u>	
	CERTIFICATE OF COMPLIAN	CE		0		TION COMMISSION
3.				APPROVEDAUG 29 1985		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			Original Signed By		
	Commission have been compiled with and that the showledge and belies above is true, and complete to the best of my knowledge and belies.			Les A. Clements		
	10.0			TITLE Supervisor District !! This form is to be filed in compliance with RULE 1104.		
	SKol Krander			If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation to the new on the well in accordance with RULE 111.		
	Signature)					
	Senior Administrative Specialist			All sections of this form must be filled out completely for allow able on new and recompleted wells.		
	July 22, 1985			Fill out only Sections I. II. III. and VI for changes of owns well name or number, or transporter, or other such change of conditions.		
	July 22, 1983 (Date)			well name or number, or transporter, or other additional for each pool in multiple		

RECEIVED BY