1.	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS  OPERATOR  PROFATION OFFICE  Operator  Anadarko Petroleum Co  Address  P. O. Box 2497  Reconsols) for filing (Check proper box)  New We!!  Recompletion  Change in Ownership X	REQUEST  AUTHORIZATION-TO-TRA  RECT			
11.	If change of ownership give name and address of previous ownerA  DESCRIPTION OF WELL AND I	EASE. Well No. Pool Name, Including Fo	Santa Fadarol	Lease No.	
	Loco Hills "B" Federal   6   Grayburg Jackson Queen, SA   Federal   1002/542				
	Unit Letter;		30E , NMPM, Eddy	County	
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Navajo Refining Company Name of Authorized Transporter of Cas	- Trans. & Supply	Address (Give address to which approve P. O. Box 159, Artesia Address (Give address to which approve	. New Mexico 88210	
	Phillips Petroleum	Unit Sec. Twp. P.ge.	!	Bldg., Bartlesville, Okla	
	dias incation or terran	P 9 17S 30E	Yes	August, 1972	
IV.	If this production is commingled with COMPLETION DATA  Designate Type of Completion  Date Spudded	Oil Well Gas Well	New Well Workover Deepen Total Depth	Plug Back   Same Res'v. Diff. Res'v	
	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	
				9-6-85 Chs 10 Name	
V.	EST 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)  (II. WELL    Producing Method (Flow, pump, gas lift, etc.)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (From, pump, 200 1)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Pred. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF	
	GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
1/1	CERTIFICATE OF COMPLIANCE	EE	- 1	ATION COMMISSION	
* * *			APPROVED AUG 29 1985		
	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.		BYOriginal Signed By Les A. Clements		
•	1		TITLE Supervisor Distric	TITLE Supervisor District II	
	10, K	2011/20-	This form is to be filed in compliance with RULE 1104.  If this is a request for sliowable for a newly drilled or despens		
	Senior Administrative Specialist  (Title)  (Date)		well, this form must be accompanied with RULE 111.  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 owns the company or number, or transporter, or other such change of conditions.		
	(170	<b>,</b>	Separate Forms C-104 must be filed for each pool in multiple		