1.	DISTINUUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OPERATOR PROFATION OFFICE	AUTHORIZATION TO TRA	CONSERVATION C AISSION FOR ALLOWABL CEIVED BY ANSPORT OIL AND NATUR G 12 1985 O. C. D. RTESIA, OFFICE	Poim C -104 Supersedes Old C-104 and C Ellactive 1-1-65 AL GAS
	Cierotor Anadarko Petroleum Cor Addiess P. O. Box 2497, Midlan Recon(s) for filing (Check proper box New Well Recompletion Change in Ownership [XX]	d, Texas 79702	as	nership effective: G <u>1</u> 1985
II. 	and address of previous owner DESCRIPTION OF WELL AND Lease Name Grier Federal_ Location Unit LetterJ : 1980	LEASE Zell No. Pool Name, including F 12 Square Lake Gri	ormation Kind of State, F ne and <u>1980</u> Feet 7	
<b>11.</b>	Line of Section 30 To DESIGNATION OF TRANSPOR Nome of Authorized Transporter of Cil Navajo Refining Company Nome of Authorized Transporter of Car None If well produces oil or liquids, give location of tarks.	y - Trans. & Supply singhead Gas or Dry Gas	P.O. Box 159. Artest	approved copy of this form is to be sent)
v.	If this production is commingled wi COMPLETION DATA Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, CR, etc.;	th that from any other lease or pool,	give commingling order number New Well Workover / Deepe 1 1 1 Total Depth Top O!!/Gas Pay	
	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT Past ID-3 9-6-85 Chs Dp Name
₹.	TEST DATA AND REQUEST Fi OIL WELL Date First New Cil Run To Tanks Length of Test Actual Fred. During Test	OR ALLOWABLE (Test must be a able for this de able for this de Tubing Pressure)	fier recovery of total volume of loa pth or be for full 24 hours) Producing Method (Flow, pump, 1 Casing Preseure Water-Bble.	d oil and must be equal to or exceed top all: gas lift, etc.] Choke Stze Gas-MCF
	GAS WELL Actual Fred. Tool-MCF/D Teating Nothad (pitot, back pr.)	Length of Teet Tuting Freesewe (Shut-in)	Blis. Condensate/AMCF	Grovity of Condensate Choke Sixe RVATION COMMISSION
	Sr. Administra	tive Specialist	AUG APPROVED	2.9.1985 
	(Title) July 22, 1985 (Date)		Fill out only Sections I, II, III, and VI for changes of own. Fill out only Sections I, II, III, and VI for changes of condition well name or number, or transporter, or other such change of condition well name or number, or transporter, or other such change of condition	