	DISTRIBUTION	REQUEST FO	SERVATION CO' SSION R ALLOWABL ND PORT OIL AND NATURAL GAS	Form C-104 Supersedes Old (-104 and (-210) Effective 1-1-65
F	LAND OFFICE OIL I TRANSPORTER GAS /		RECEIVED	
	PERATOR / FFR 5 1980			
קיי	Anadarko Production Company V O. C. D.			
- -	Address P. O. Box 67, Loco Hills		ARTESIA, OFFICE	
Reason(s) for filing (Check proper box) Other (Please exp(ain)) Change to be effective 3-1-80.				
	New Well L	Oil X Dry Gas		- Navajo Refining Co. Pipeline Division
L	Change in Ownership	Casinghead Gas Condensat		
I.	I change of ownership give name nd address of previous owner			
Ē	DESCRIPTION OF WELL AND LI Legase Name Western Dev. "A" State	EASE Well No. Pool Name, Including Form 2 Square Lake Gray		G-1306
ŀ	Location East East			
	Eddy			
Line of Section 32 iownenip 105 Hange 315				<u> </u>
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Name of Authorized Transporter of Oil X or Condensate				
Basin, Inc. 511 W.Ohio, P.O.Box 2297, Midland, To Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form.)				d copy of this form is to be a to
Phillips Petroleum Company P. O. Box 6666, Odessa Phillips Petroleum Company Rge, Is gas actually connected?				<u>Texas 79760</u>
	If well produces oil or liquids, is give location of tanks.	P 32 16S 31E	Yes	1-62
IV.	If this production is commingled with COMPLETION DATA	Oil Well Gas Well	ive commingling order number:	Plug Back Same Gest
	Designate Type of Completion		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 (Test must be after recovery of total volume of load oil and mu able for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (r tow, pump, gas to	,, etc./
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbis.	Water-Bble. Poste 3	Gae-MCF
		2-2 570		(1°
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chote Size
V	I. CERTIFICATE OF COMPLIAN	ICE	18	ATION COMMISSION
•	and the second second second	completions of the Oil Conservation	APPROVED '9	
	Commission have been complied above is true and complete to th	with and that the information given the best of my knowledge and belief.	BY_U, G, Gresset	
			TITLE SUPERVISOR, DISTRICT II	
	James Glandles		This form is to be filed in compliance with RULE 1104 If this is a request for allowable for a newly drilled or desper-	
	(Signature)		well, this form must be accompanied by a tabuation of the source tests taken on the well in accordance with RULE 111.	
	Area Supervisor (Tule)		All sections of this form must be filled out completery for allo able on new and recompleted wells.	
	Janua	ry 18, 1980 Datej	Fill out only Sections I. well name or number, or transpo	11, 111, and VI for changes of own order, or other such change of conditi