1.	SANTA FE FILE U.S.G.S. LAND OFFICE IMANSPORTER OIL GAS OPEF.ATOR PROFATION OFFICE Operator Anadarko Petroleum C Address P. O. Box 2497 Reason(s) for filing (Check proper box New We!1 Recompletion	AUTHORIZATION TO TR REC: AUG orporation Midland, Texas 79702	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL IVID BY 12 IBoo C. D. A. OFFICE Other (Please explain) Change in Owners	ship Effective:
	Change in Ownership X Casinghead Gas Condensate AUG 1 1985			
		Anadarko Production Comp	any, P. O. Box 2497, M	idland, Texas 79702
	DESCRIPTION OF WELL AND Lease Name Brinson State Location	Vell No. Pool Name, Including F 1 Grayburg Jacks		20000
	Unit Letter <u>B</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u>			
	Line of Section 36 To	waship 16S Range	<u>31Е , NMPM, Eddy</u>	7 County
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Nome of Authorized Transporter of Cil X       or Condensate         Navajo Refining Company - Trans. & Supply       P. O. Box 159, Artesia, New Mexico 88210         Nome of Authorized Transporter of Casinghead Gas       or Diy Gas         None       Address (Give address to which approved copy of this form is to be sent)         None       Address (Give address to which approved copy of this form is to be sent)         If well produces oil or liquids, give location of tanks.       Unit       Sec.       Twp.       P.ge.         If this production is commingled with that from any other lease or pool, give commingling order number:       Ident from the sent of the sec or pool, give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completion Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT Past ED-3
				9-6-85 Cha Op Name
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fier recovery of total volume of load o	il and must be equal to or exceed top allow-
•••	able for this depth or be for full 24 hours) Dil, WEII. Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, elc.)			
	Longth of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Pred. During Test	Cii-Bbis.	Water - Bbis.	Gas-MCF
	Actual Prod. Test-MCF/D	Length of Test	Bbis, Condensate/MMCF	Gravity of Condensate
	Teating Nethod (pitot, back pr.)	Tubing Pressure (Shut-in)	Coming Pressure (Shut-in)	Choke Size
	CERTIFICATE OF COMPLIAN	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.		Original Signed By BYLes A. Clements TITLESupervisor District II	
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•	Senior Administrative Specialist (Tiple) (1)25/85 (1)21/85		This form is to be filed in compliance with RULE 1104. If this is a request for sliowable 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 Separate Forms C-104 must be filled for each pool in multiply	