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AND OFFICE	
RANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED BY OIL AND NATURAL GAS
AUG 1 1984
O. C. D.
ARTESIA, OFFICE

Operator
Anadarko Production Company

Address
P. O. Drawer 130, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Former Transporter: Navajo
Recompletion <input type="checkbox"/>	Trucking Division. The Federal T Lease
Change in Ownership <input type="checkbox"/>	was combined with the Federal L & M and
	Federal N Lease - Commingling Order PLC-64
	effective 7-3 -84.

(Change of ownership give name and address of previous owner)

DESCRIPTION OF WELL AND LEASE				
Lease Name Federal T	Well No. 1	Pool Name, Including Formation Loco Hills-Queen-Grayburg-SA	Kind of Lease State Federal	Lease No. LC 028936
Location Unit Letter P ; 330 Feet From The South Line and 330 Feet From The East				
Line of Section 29 Township 17S Range 30E , NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipeline Company	P. O. Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None						
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 31	Twp. 17S	Rge. 30E	Is gas actually connected? No	When

(If this production is commingled with that from any other lease or pool, give commingling order number:)

COMPLETION DATA									
Designate Type of Completion - (X)									
Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.		
Date Spudded	Date Compl. Ready to Prod.		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

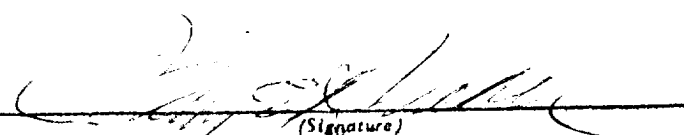
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

POST FD-3
8-3-84
BY LT:THH

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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.


(Signature)
Area Supervisor
(Title)
July 31, 1984
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 2 1984, 19

BY Original Signed By
Leslie A. Clements
Supervisor District II

TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.