	MA OF COPIES RECEIVED	) /-	-i, .		
	DISTRIBUTION SANTA FE		FOR ALLOWABLE	Form C+104 Supersedes Old C+104 and C+11 Effective 1-1-65	
	U.S.G.S.  LAND OFFICE	AUTHORI TATION ELOE TRA	AND NSBORT OL AND NATURAL G	SAS	
	TRANSPORTER OIL AUG 12 1985				
1.	PROFATION OFFICE  Operator  ATTESIA, Oxfice				
	Anadarko Petroleum Corporation				
		P. O. Box 2497 Midland, Texas 79702			
	Reason(s) for filing (Check proper box)  New We!!  Recompletion  Change in Ownership X	Change in Transporter of:  Cil Dry Ga  Casinghead Gas Conden	AUG 1 1		
If change of ownership give name Anadarko Production Company, P. O. Box 2497, Midland, Texas 79702 and address of previous owner Anadarko Production Company, P. O. Box 2497, Midland, Texas 79702					
I. DESCRIPTION OF WELL AND LEASE   Lease Name   Well No.   Pool Name, Including Formation   Kind of Lease   Lease No.					
	Loco Hills "A" Federal 6 Grayburg Jackson Queen, SA State, Federal or Fee Federal NM074935				
	Unit Letter D: 660 Feet From The North Line and 660 Feet From The West				
	Line of Section 15 Township 17S Range 30E , NMPM, Eddy County				
I.	DESIGNATION OF TRANSPORT	or Condensate	Andress (Give address to which approve		
	Name of Authorized Transporter of Cas		Address (Give address to which approv		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	·n	
If this production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Oil Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same Res'v.   Diff. Res					
	Designate Type of Completio	n - (X)	Total Depth	P.B.T.D.	
	Date Spudded   Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!l/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT  Pest ID-3	
				9-6-85	
				Che op Name	
V. TEST 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)					
	OII, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	(i, etc.)	
	Length of Test	Tubing Pressure	Cosing Pressure	Choke Size	
	Actual Pred. During Test	Oil-Bbis.	Water - Bbis.	Gas-MCF	
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
'I.	CERTIFICATE OF COMPLIANCE	ICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION  APPROVED AUG 29 1985	
	I hereby certify that the rules and r Commission have been complied w	the and that the information gives	Original Signed By  BYLes A. Clements		
	above is true and complete to the	best of my knowledge and belief.	TITLE Supervisor District If		
	An Ru	ander	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 deviation tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allowable on new and recompleted wells.		
	(Signa	·			
	Senior Administrative	Specialist .			
1/25/85 (Dute)			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 filed for each pool in multiply		
ll			Separate Forms C-104 muse connected wells.	• • • • • • • • • • • • • • • • • • • •	