NO. OF COPIES RECEIVED			—·,	•			
DISTRIBUTION	-1	NEW MEXICO OIL CONSERVATION COMMISSION			Form C-104 Supersedes Old C-104 and C-11		
			R ALLOWABLE ND		Effective 1-1-6		
U.S.G.S.	AUTHORIZATION I TO	n Shart-G		NATURAL G	AS	-	
LAND OFFICE	AOTHORIZATION	RECEI	VED BY				
TRANSPORTER OIL			0.1005				
GAS		AUG 1	L 2 1985				
OPERATOR V	1	\sim	C. D.				
11,0,			A, OFFICE				
Anadarko Petroleum C	orporation	ARTESI	A, OTTICE				
Address	51 po 2 d 5 d 5 d 5 d 5 d 5 d 5 d 5 d 5 d 5 d						
P. O. Box 2497	Midland, Texas 7970)2					
Reason(s) for tiling (Check proper box	,		Other (Please	e explain)			
New Well	Change in Transporter of:		Change i	n Ownersh	ip Effective:		
Recompletion		Dry Gas Condensate	.HI AL	IG 1 1		•	
Change in Ownership X	Casinghead Gas	Consensate	<u> </u>		 	<u>_</u>	
f change of ownership give name	Anadarko Production (Company	y. P. O. Box	2497, Mid	land, Texas 79	9702	
nd address of previous owner	Alladarko Froduction	Сощран	7, 1: 0: 20				
DESCRIPTION OF WELL AND	I.FASF	_					
Lease Name Zell No. Pool Name, Including Fo						Lease No.	
New Mexico State "AE"	1 Grayburg Ja	ackson	Oueen, SA	State, Federal	State	V-184	
Location							
Unit Letter A : 9	90 Feet From The North	Line an	.d <u>990</u>	Feet From T	he <u>East</u>		
		01-	a NUDI	, Fddy		County	
Line of Section 16 Tox	waship 17S Rang	ge <u>311</u>	E , NMPM	t, Eddy			
TO ANGROPS	TED OF OH AND NATURA	M GAS					
DESIGNATION OF TRANSPORT	or Condensate	(A 2	idress (Give address	to which approv	ed copy of this form is to	be sent)	
JM Petroleum Corporatio		: D -	. 1 1 Torror	75201	of the America		
Name of Authorized Transporter of Car	singhead Gas or Dry Gas	i Ad	dress (Give address	to which approv	ed copy of this form is to	be sent)	
None							
If well produces oil or liquids,	Unit Sec. Twp. P.	ge. Is	gas actually connect	ed? Whe	r.		
give location of tanks.	A 16 17S 3		<u>No</u>	i			
f this production is commingled wi	th that from any other lease or	pool, give	e commingling orde	r number:			
COMPLETION DATA	Oil Well Gas V		w Well Workover		Plug Back Same Res	v. Diff. Res'v.	
Designate Type of Completion		1	1 1	\$ *	, , , , , , , , , , , , , , , , , , ,		
Date Spudded	Date Compl. Ready to Prod.	To	otal Depth		P.B.T.D.		
Date Spaces							
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	To	op Oll/Gas Pay		Tubing Depth		
		i			Depth Casing Shoe		
Perforations					Deptil Cashiq Shoo		
		C 4 ND C	CUENTING PECOE	20	<u> </u>		
	CASING & TUBING SIZE	- ·	EMENTING RECOR		SACKS CEM	ENT	
HOLE SIZE	CASING & FUSING SIZE				Posted ID3		
					9-6-85		
			•		leky Op	name	
					i		
TEST DATA AND REQUEST F	OR ALLOWABLE (Test mus	st be after	recovery of socal volu	ime of load oil a	and must be equal to or e	xceed top allow	
OIL WELL			or be for full 24 hour. reducing Method (Flor				
Date First New Oil Run To Tanks	Date of Test	1	Codesing manager				
	Tubing Pressure		eing Preseure		Choke Size		
Length of Test	1 asmy i issue	İ					
Actual Pred. During Test	Oil-Bbis.	Wo	ater - Bbis.		Gas-MCF		
Actual First Dailing 1911							
GAS WELL					Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of Test	B	bla. Condensate/MMC	· <i>:</i>	distrity of constant	•	
	(2)		osing Pressure (Shut	-in)	Choke Size		
Testing Method (pirot, back pr.)	Tubing Pressure (Shat-in)			•			
			OII	CONSERVA	TION COMMISSION	N	
CERTIFICATE OF COMPLIAN	CE		OIL 1	AUG 26			
	Latina of the Oil Contact	vation A	APPROVED	HOU NO		19	
hereby certify that the rules and Commission have been complied to	with and that the initial action	K	Orioi	nat Signed By			
bove is true and complete to the	best of my knowledge and be	ener.		A. Clements	 	-	
1			TITLE Supervisor District H				
Vn n			This form is t	o he filed in s	compliance with RULE	1104.	
Thou brands			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despense well, this form must be accompanied by a tabulation of the deviation				
(Signature)			well, this form mus	well in accor	dance with MULE 11	1.	
Senior Administrative Specialist			All sections of	I this form mu	at ba f∐i⊕d out comple	stely for allow	
Alfillo /or			All sections of this form must be filled out completely for allow able on new and recompleted wells.				
7/25/83			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				
(Date)			Separate Form	ns C-104 must	be filed for each p	ool in multiply	
		Н.	connected wells.				