	NO. OF COPIES RECEIVED					
	SANTA FE NEW MEXICO OIL CONSERVATION (AISSION FOR C-104 REQUEST FOR ALLOWABLE Supersedes Old (Form C-104 Supersedes Old C-104 and C-1
	FILE / /		AND Effective 1-1-6%			
	LAND OFFICE					
	TRANSPORTER OIL (RECEIVED					
	OPERATOR /					
1.	PRONATION OFFICE FEB 5 15-47					
	Anadarko Production Co		O. C. D ARTES C. D			
	P. O. Box 67, Loco Hills, New Mexico 88255					
	Reeson(s) for filing (Check proper box) Other (Please explain)					
	New Well	wter of: Dry Ga			tive 3-1-80. : - Navajo Refining Co.	
	Change in Ownership	Casinghead Gas	Conden			Pipeline Division
	If change of ownership give name and address of previous owner					
U. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease						
	Roger Harris Travis 1 Artesia Queen Grayburg SA 1994. Foderal of FAd NM 02957					
	Location					· · · · · · · · · · · · · · · · · · ·
	Unit Letter;9	8/Feet From The	South Lin	and 1932	Feet From T	
	Line of Section 13 Tow	mship 185	Range 28	E , NM	ipm, Eddy	· · · · ·
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GA			B Address (Give addre	ss to which approv	ed copy of this form in .
	Basin, Inc. Name of Authorized Transporter of Casinghead Gas X or Dry Gas			511 W. Ohio, P.O. Box 2297, Midland, Texas 79701 Address (Give address to which approved copy of this form in the second		
	Phillips Petroleum Com		P. O. Box 6666, Odessa, Texas 79760			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Tu	7. Rge, 85 28E	le gas actually conn Yes		
	· · · · · · · · · · · · · · · · · · ·	<u>هــــــــــــــــــــــــــــــــــــ</u>				
	If this production is commingied with that from any other lease or pool, give comminging order number: COMPLETION DATA Oil Well / Gas Well New Well Workover Deepen Plug Back Sure inst					
	Designate Type of Completion - (X)				er Deepen I	Plug Back Same hest and the
	Date Spudded	Date Compl. Ready to I	Prod.	Total Depth		P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing For	mation	Top Oil/Gas Pay		Tubing Depth
	Perforations	[Depth Casing Shue
	TUBING, CASING, AN HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
						JACKS CEVEN
	······································					
			······			
V.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to a solution of the depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test		Producing Method (F	low, pump, gas life	elc.) a sted
	Length of Test	Tubing Pressure		Casing Pressure		Choke Size D 3
	And all Dealers Production	All Phis		Manage Shits		- 80 BT
	Actual Prod. During Teet Oil+Bbis,		Water - Bbls.		Choke Size ID 3 Gas-MCF 2-29-10 BI	
		· · · · · · · · · · · · · · · · · · ·		V. Q'		
	GAS WELL Actual Prod. Test-MCF/D			Bble. Condensate/MMCF		Gravity of Condensate
	Testing Method (pitot, back pr.)					
	lesting Method (publ, back pr.)	Tubing Pressure (Shut	, m 1	Casing Pressure (St	146-1W)	Choke Size
VI.	CERTIFICATE OF COMPLIANC	CE		011	L CONSERVA	TIONCOMMISSION
	I hereby certify that the rules and regulations of the Oil Conservation			OIL CONSERVATION COMMISSION		
	Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.			By W.a. Aressett		
				TITLE SUPERVISOR DISTRICT H		
	an en in			This form is to be filed in compliance with RULE 1994		
	(Signature)			If this is a request for allowable for a newly drilled or despanded well, this form must be accompanied by a tabulation of the deviation		
	Area Su		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for since			
	(Tule)			able on new and	recompleted wel	18.
	January 18, 1980 (Date)			Well name or num	y Sections I, II, aber, or transporte	III, and VI for changes of owner, a or other such change of condition