1.	DISTRIBUTION DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL V PROFATION OFFICE Operator Anadarko Petroleum Coperator Anadarko Petroleum Chadarko Petroleum Change in Ownership X	AUTHORIZATION TO TR AUTHORIZATION TO TR RECEN AUG 1 O. C ARTESIA Midland, Texas 79702	C. D. , OFFICE Other (Please explain) Change in Owners	
<b>II</b> .	If change of ownership give name   Anadarko Production Company, P. O. Box 2497, Midland, Texas 79702   DESCRIPTION OF WELL AND LEASF.   Lease Name Zell No. Fool Name, Including Formation Kind of Lease Lease No.   Travis "C" Federal 1 Artesia Queen Grayburg SA State, Federal or Fee Federal Lc-058126   Location 0 : 662 Feet From The South Line and 1930 Feet From The East   Line al Section 13 Township 185 Bange 28E NMPM, Eddy County			
III.	Line of Section 13 Township 18S Range 28E , NMPM, Eddy County   DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Cil X or Condensate Address (Give address to which approved copy of this form is to be sent)   Navajo Refining Company - Trans. & Supply P. O. Box 159, Artesia, N.M. 88210   Nome of Authorized Transporter of Casinghead Gas or Dry Gas   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.   P 13 18S 28E   th that from any other lease or pool,   on - (X) Oil Well Gas Well   Date Compl. Ready to Prod.   Name of Producing Formation	Is gas actually connected? Wh NO I give commingling order number: New Well Workover Deepen I Total Depth Top Oll/Gas Pay	Plug Back   Same Res'v.   Diff. Res'v.
	Perforations HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	Depth Casing Shoe SACKS CEMENT Posted ID-3 9-6-85 0.0. Mane Cher.
v.	TEST DATA AND REQUEST FO OIL WELL Date First New Oil Run To Tanks	DR ALLOWABLE (Test must be a) able for this de Date of Test Tubing Pressure	fter recovery of total volume of load oil pth or be for full 24 hours) Producing Method (Flow, pump, gas li Casing Pressure	and must be equal to or exceed top allow
	Actual Pred. During Test	Oil-Bbis.	Water - Bbls.	Gaa-MCF
	Actual Frad. Test-MCF/D Testing Method (pilot, back pr.)	Length of Test Tubing Processe (Shut-in)	Bbls. Condensate/MMCF Cosing Freesure (Shut-in)	Grovity of Condensate Choke Size
	CERTIFICATE OF COMPLIANCE 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. Senior Administrative Specialist		OIL CONSERVATION COMMISSION    APPROVED AUG 26 1985   Original Signed By   BY Les A. Clements   TITLE Supervisor District H   TITLE Supervisor District H   This form is to be filed in compliance with RULE 1104.   If this is a request for allowable 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 filed for each pool in multiply   condition wells.	