F.	DISTRIBUTION SANTA FT 1 ILF LAND OFFICE DRANSPONTER DRANSPONTER DRANSPONTER DPLRATOR	AUTHORIZATION TO TRANS	CONSERVATION CC ISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL CEIVED G 1 6 1973	Pirm C +104 Superredet Old C-105 and C-11 Elfective 1-1-65	
	ANADARKO PRO	ANADARKO PRODUCTION COMPANY			
	Addross TWO GREENW	TWO GREENWAY PLAZA EAST, SUITET STOR, TEXAS 77046			
	Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership) Change in Transporter of: Oil Dry Ga Casinghead Gas Conde	Other (Please explain) Placed in Unit former lease nat	effective July 1, 1973 -	
	If change of ownership give name and address of previous owner				
IJ.	DESCRIPTION OF WELL AND Lesse Name Ballard G-SA Ut. Tr. 1 Location Unit Letter D ; 99	Well No. Pool Namo, Including F	GSA 500, Fodera		
	Line of Section 🔏 🖞 Township 18S Range 29E , NMPM, Eddy County				
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of OII TEXAS-New Mexico Pi Name of Authorized Transporter of Case Phillips Petroleum Cor If well produces off or liquide, give location of tanks.	or Condensate pe Line Inghead Gos 🙀 or Dry Gas	S Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 72701 Address (Give address to which approved copy of this form is to be sent) Box 6636, Odessa, Texas 79760 Is gas actually connected?		
		this production is commingled with that from any other lease or pool, give commingling order number:			
IV.	COMPLETION DATA Designate Type of Completio	Oil Well Gas Well	New Well Workever Deepen	Plug Back Same Restv. Diff. Rostv.	
	Designate Type of Completio Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!1/Gas Pay	Tubing Depth	
	Perforations	Į	1	Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		· · · · · · · · · · · · · · · · · · ·			
v.	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be a OIL WELL able 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.)		· · · · · · · · · · · · · · · · · · ·		
	Longth of Test	Tubing Pressure	Casing Prossure	Choke Size	
	Actual Prod. During Test	Oil-Bbla.	Water - Bbls.	Gas-MCF	
			<u> </u>		
	GAS WELL		1		
	Actual Prod. Test-MCF/D	Longth of Tost	Bbls. Condensate/AMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	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 beat of my knowledge and belief. (Signature) E.G. Highman, Jr. Administrative Specialist (Tule) (Dure)		APPROVED, 19 BY TITLE <u>OHLAND GAS INSPLETON</u> 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 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 filled for each pool in multiply		
-					

•