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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-111  
Effective 1-1-65

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AUG 5 1973

(51)

**I. OPERATOR**

Operator: **ANADARKO PRODUCTION COMPANY** ☒ **O. C. C.** **ARTESIA, OFFICE**

Address: **TWO GREENWAY PLAZA EAST, SUITE 410, HOUSTON, TEXAS 77046**

Reason(s) for filing (Check proper box):

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Recompletion ☐ Casinghead Gas ☐ Condensate ☐ Change in Ownership ☐

Other (Please explain): **Placed in Unit effective July 1, 1973 - former lease name was: Travis "A" Federal**

If change of ownership give name and address of previous owner:

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Ballard G-8A Ut. Tr. 6	1	Loco Hills Q GSA	<del>Prop.</del> Federal or <del>State</del> LC	058126
Location				
Unit Letter		Feet From The	Line and	Feet From The
P	660	South	330	East
Line of Section	6	Township	18S	Range 29E, NMPM, Eddy County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipe Line	Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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. Rge. Is gas actually connected? When
P 6 18S 29E	No

If this production is commingled with that from any other lease or pool, give commingling order number:

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (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)

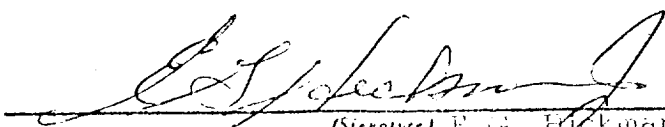
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VI. CERTIFICATE OF COMPLIANCE**

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 best of my knowledge and belief.

  
(Signature) **E. G. Hickman, Jr.**  
Administrative Specialist  
(Title)  
**8/8/73**  
(Date)

**OIL CONSERVATION COMMISSION**

**AUG 24 1973**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **W. A. Gressett**

TITLE \_\_\_\_\_

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.

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