

DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
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-11  
Effective 1-1-65

RECEIVED BY  
AUG 12 1985  
O. G. D.  
ARTESIA, OFFICE

Operator: Anadarko Petroleum Corporation WIW

Address: P. O. Box 2497 Midland, Texas 79702

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): Change in Ownership Effective: AUG 1 1985

If change of ownership give name and address of previous owner: Anadarko Production Company, P. O. Box 2497, Midland, Texas 79702

**I. DESCRIPTION OF WELL AND LEASE**  
 Lease Name: Ballard GSAU Tract 14 Well No.: 3 Pool Name, including Formation: Loco Hills Grbg., San Andres Kind of Lease: Federal Lease No.: LC 061701  
 Location: Unit Letter M; 990 Feet From The South Line and 990 Feet From The West  
 Line of Section 8 Township 18S Range 29E, NMPM, Eddy County

**II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS WATER INJECTION WELL**  
 Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent):  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas  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:

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

**III. COMPLETION DATA**  
 Designate Type of Completion - (X)  Oil Well  Gas Well  New Well  Workover  Deepen  Plug Back  Same Resrv.  Diff. Resrv.   
 Date Spudded: \_\_\_\_\_ Date Compl. Ready to Prod.: \_\_\_\_\_ Total Depth: \_\_\_\_\_ P.B.T.D.: \_\_\_\_\_  
 Elevations (DF, RKB, RT, CR, etc.): \_\_\_\_\_ Name of Producing Formation: \_\_\_\_\_ Top Oil/Gas Pay: \_\_\_\_\_ Tubing Depth: \_\_\_\_\_  
 Perforations: \_\_\_\_\_ Depth Casing Shoe: \_\_\_\_\_

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**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/MCF: \_\_\_\_\_ Gravity of Condensate: \_\_\_\_\_  
 Testing Method (pilot, back pr.): \_\_\_\_\_ Tubing Pressure (Shot-in): \_\_\_\_\_ Casing Pressure (Shot-in): \_\_\_\_\_ Choke Size: \_\_\_\_\_

**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.  
Les Brandes  
 Sr. Administrative Specialist  
 (Signature)  
 (Date) JUL 22 1985

**OIL CONSERVATION COMMISSION**  
**AUG 26 1985**  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY Les A. Clements  
 TITLE Supervisor District II  
 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 multiple...