ŀ		AUTHORIZATION TO TR	CONSURVATION CC ISSION I FOR ALL OWABLE AND CANSPORT OIL AND NATUR ECEIVED AUG 1 6 1973	Porm C+194 Superredet Old (16) und (17 Effective 1-1-65 AL GAS
	ANADARKO PRODUCTION COMPANY D. C. C.			
	Address TWO GREENWAY PLAZA EAST, SUITE 410, HOUSTON, TEXAS 77046			
	Reason(s) for filing (Check proper bos New Well [_] Recompletion [_] Change in Ownership[_]	Change in Transporter of: Oil Dry G	Other (Please explain) Placed in Un former lease	it effective July 1, 1973 -
	If change of ownership give name and address of previous owner			
II		Well No. Pool Humo, Including I	GSA Rixix, Fe	oderal cr Xxx LC 061701
III.	DESIGNATION OF TRANSPOR			County County
	Nome of Authorized Transporter of Oil (1) or Condensate [] Texas-New Mexico Pipe Line Nome of Authorized Transporter of Casinghead Gas [X] or Dry Gas [] Phillips Petroleum Company If well produces oil or liquids, give location of tanks. K 8 188 29]		Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 70701 Address (Give address to which approved copy of this form is to be sent) Box 6666, Odessa, Texas 79760 Is gas actually connected? When	
IV.	f this production is commingled with that from any other lease or pool, give commingling order number:			
- • •	Designate Type of Completio	on - (X) Oil Well Gas Well	New Well Workover Deeper	Plug Back Same Res'v. Diff. Ren'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	Perforations Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
v.	TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a	fter recovery of total volume of load	oll and must be equal to or exceed top allow-
ĺ	OIL WELL able for this depi		pth or be for full 24 hours) Producing Kiethod (Flow, pump, gas lift, etc.)	
	Length of Test	Tubing Presewe	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbla.	Water - Bbls.	Gas-MCF
			<u> </u>	
ſ	GAS WELL Actual Prod. Teat-MCF/D	Longth of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Teating Mothod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
[
	CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oli Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION COMMISSION APPROVED AUG 2013/0 BY	
-	(Signature) E.G. Hickman, Jr. Administrative Specialist (Dute)		TITLE OIL AND GAS INSPECTOR 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 tabelation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for sllow- able on new and recompleted wells. Fill out only Sections I. 11. 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	