1.	AD OF COPIES DECTIVED 5 OIST RIBUTION SANTA PE 1 FILF U.S.G.S. LAND OFFICE TRANSPORTER OIL 1 OPERATOR 1 PRORATION OFFICE Operator ANADARKO PRODL	AND RELETVED (focular 1-)-6 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS JUN 2 1972 D. C. C. ARTESIA, OFFICE		Supervedes Old C-104 and elet VE Diffective 1-1-65 GAS 1972 C.
	Address P. O. Box 9317 Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga: Casinghead Gas Conden	Other (Please explain) CHANGE LEASE NA EFFECTIVE MAY	AME FROM BALLARD 1, 1972.
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND LEAGE Lease Name Well No. Pool Name, Including For			
	BALLARD FED.	2 LOCO HILLS		
	Unit Letter <u>C</u> ; 660)Feet From TheNORTHLine	e and <u>1980</u> Feet From	The WEST
	Line of Section 8 Tow	nship 185 Range	29Е , ммрм,	EDDY County
III.	DESIGNATION OF TRANSPORTED OF OIL AND NATURAL GAS Name of Authorized Transporter of OII K or Condensate Address (Give address to which approved copy of this form is to be sent)			
	I TEXAS NEW MEXICO PIPE LINE COMPANY		Box 1510, MIDLAND, TEXAS 79701 Address (Give address to which approved copy of this form is to be sent)	
			4th & Washington, Odessa, Texas	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. F 8 18 29	Is gas actually connected? W NO	hen
	If this production is commingled with			1
IV.			New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
	Designate Type of Completio	$n = (\lambda)$ i [Date Compl. Ready to Prod.	Total Depth	P.B.T.D,
		Date Compt. Heady to From		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations		1	Depth Casing Shoe
		TUBING, CASING, AHD	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		· · · · · · · · · · · · · · · · · · ·	1	
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)			
	OII, WELL 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
	Lengin of feet	·		
	Actual Prod. During Test	Oil-Bbl s .	Water-Bbls.	Gas-MCF
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIANC	CE	OIL CONSERV	ATION COMMISSION
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED	
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. E. G. HICKMAN, JR. (Signature) CHIEF CLERK		BY	
-				
	(Title)			
	MAY 31, 1972 (Da	(e)	well name or number, or transporter, or other such change of condition Separate Forme C-104 must be filed for each pool in multiple	