

DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
RECEIVED BY  
AUG 12 1985  
O. C. D.  
ARTESIA, OFFICE

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-85

Operator  
Anadarko Petroleum Corporation  
Address  
P. O. Box 2497 Midland, Texas 79702  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
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

DESCRIPTION OF WELL AND LEASE  
Lease Name: Ballard GSAU Tract 20  
Well No.: 11  
Pool Name, Including Formation: Loco Hills GRBG., San Andres  
Kind of Lease: Federal  
Lease No.: NM 14843  
Location:  
Unit Letter: C  
990 Feet From The North Line and 1650 Feet From The West  
Line of Section: 17 Township: 18S Range: 29E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Texas-New Mexico Pipeline Company  
Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 60028, San Angelo, TX 76906  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Phillips Petroleum  
Address (Give address to which approved copy of this form is to be sent)  
10 W.W. Frank Phillips Bldg., Bartlesville, OK 74004  
If well produces oil or liquids, give location of tanks:  
Unit: E Sec.: 8 Twp.: 18S Rge.: 29E  
Is gas actually connected? Yes  
When: July 1977

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

COMPLETION DATA  
Designate Type of Completion - (X)  
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:  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE: CASING & TUBING SIZE: DEPTH SET: SACKS CEMENT: Pasted ID-3 9-6-85 Op. Name chg.

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 (shot-in): Casing Pressure (shot-in): Choke Size:

I. 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.  
Sr. Administrative Specialist  
JUL 22 1985  
OIL CONSERVATION COMMISSION  
APPROVED: AUG 26 1985  
BY: Original Signed 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 deviate 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.  
Form C-104 must be filled for each pool in multiple.