DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR PROFATION OFFICE Ureraior Anadarko Petroleum Corp	AUTHORIZATION TO TRA RECEIVED AUG 121 O. C.	985 o .	Poim C+104 Superiedes ()Id C-104 and C-11 Effective 1-1-65
P. O. Box 2497 Midland, Texas 79702 Reason(s) for filing (Check proper box) Other (Please explain)			
New Well	Change in Transporter of:	Change in Owners	ship Effective:
Recompletion Change in Ownership X	CII Dry Ga: Casinghead Gas Conden	AII AII	G 1 1 :
If change of ownership give name and address of previous owner Ar	adarko Production Comp	any, P. O. Box 2497, Mic	lland, Texas 79702
. DESCRIPTION OF WELL AND LEASE Lease Name Kell No. Pool Name, Inc. Lease Kind of Lease Lease No.			
Ballard GSAU Tract 16A	1 Loco Hills Grb	g., San Andres Stote, Federal	crFee Federal LC 063808
Unit Letter A : 330	Feet From The NorthLine	and 330 Feet 7 rom 7	heEast
		29E , NMPM,	Eddy County
Nome of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved copy of this form is to be sent)			
Texas-New Mexico Pipeline Company P.O. Box 60028, San Angelo, TX 76906 Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Address (Give address to which approved copy of this form is to be sent) 10 W.W. Frank Phillips, Bldg., Bartlesyille, OK			
Phillips Petroleum		ls gas actually connected? Whe	74004
If well produces oil or liquida, give location of tanks.		Yes	NA
If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Plug Back Same Bests Diff. Bests.			
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'r. Diff. Res'v.			
	ate Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) No	ime of Producing Formation	Top O!!/Gas Pay	Tubing Depth
Pertorations			Depth Casing Snoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Posted ID-3
			Op. name chy.
TEST DATA AND REQUEST FOR	ALLOWABLE (Test must be of	ter recovery of socal volume of load oil i	and must be equal to or exceed top allow-
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 allowable for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tonks Date of Test Producing Method (Flow, pump, gas lift, etc.)			
			Choke Size
Length of Test	Eling Pressure	Casing Pressure	
Actual Pred. During Test Ci	l-Bbls.	Water - Bbis.	Gon-MCF
GAS WELL Actual Frost Test-MOF/D Le	ingth of Test	Bbls. Condensate/MMGF	Gravity of Condensate
Testing kiethed (pitot, back pr.)	ting Frees me (Shut-in)	Coaing Pressure (Shot-in)	Choke Size
CERTIFICATE OF COMPLIANCE			TION COMMISSION
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.		APPROVED AUG 26 1985	
		Original Signed By Les A. Clements	
above is true and complete to the occasion my		TITLE Supervisor District II	
10:0		This form is to be filed in compliance with RULE 1104.	
The Brandes (Signalus)		If this is a request for sliowable for a newly drilled or deepered	
Sr. Administrative Specialist		tests taken on the well in accordance with AUCE	
JUL 2 2 1965		able on new and recompleted wells.	
(Dute)		well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply.	