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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-117
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator: Anadarko Petroleum Corporation

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

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Ownership Effective:
Recompletion <input type="checkbox"/>	<u>Aug 1 1985</u>
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Gas <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	

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		Kind of Lease	Lease No.
Lease Name	Well No.	State, Federal or Fee	
<u>Ballard GSAU Tract 1</u>	<u>4</u>	<u>Federal</u>	<u>LC 028772</u>
Location			
<u>Unit Letter E</u> : <u>1810</u> Feet From The <u>North</u> Line and <u>500</u> Feet From The <u>West</u>			
<u>Line of Section 7</u> <u>Township 18S</u> <u>Range 29E</u> <u>NMPM</u> <u>Eddy</u> <u>County</u>			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		<u>P.O.Box 60028, San Angelo, TX 76906</u>	
<u>Texas-New Mexico Pipeline Company</u>		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		<u>10.W.W. Frank Phillips Bldg., Bartlesville, OK</u>	
<u>Phillips Petroleum</u>		<u>74004</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>12</u> Twp. <u>18S</u> Rge. <u>29E</u>	Is gas actually connected? <u>Yes</u>	When <u>Dec. 1966</u>

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

COMPLETION DATA		TUBING, CASING, AND CEMENTING RECORD	
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res't. <input type="checkbox"/> Diff. Res't. <input type="checkbox"/>		
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
HOLE SIZE		CASING & TUBING SIZE	DEPTH SET
			SACKS CEMENT
			<u>Posted ID-3</u>
			<u>9-6-85</u>
			<u>Op. name chg.</u>

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		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	
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.

Ron Brandes
(Signature)
Sr. Administrative Specialist
(Title)
JUL 22 1985
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 26 1985, 19____

BY Les A. Clements
Original Signed By
Supervisor District II

TITLE _____

This form is to be filled 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 filled for each pool in multiple.