	DISTRIBUTION	NEW MEXICO OIL (A Porm C - 104	
	FILE REQUEST FOR ALLOWABLE			Supersedes DRICAM S.D. C. U.A.	
	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			Effective 1-1-65	
			AND NATURAL	GAS OCT 2.3 1981	
	TRANSPORTER DIL	-			
	OPERATOR			O. C. D.	
1.	PRORATION OFFICE	-		ARTESIA, OFFICE	
Anadarko Production Company					
	Andurate Production Company /				
	P. O. Box 67, Loco Hills, New Mexico 88255				
Ressen(s) for filing (Check proper box) Other (Please explain) Now Well Change is Transperier of:					
	Change in Ownership	Oil Dry Go Casinghead Gas Conde		rter - Basin, Inc.	
	If change of evenership give sizes				
	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Lea		
	Artesia State Unit Tr	.5 1 Artesia Q-G-		Lease NC	
	Location			, <u>p</u>	
	Unit Letter;;;	30 Feet From The South Lin	e end 10 Feet From	The East	
	Line of Section 14 To	wnship 185 Range	27E , NMPM, Ed	14	
		TOD Herde	<u>2/E, NMPM, EC</u>	ldy County	
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
	Name of Authorized Transporter of Oli () or Condensate () Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas () or Dry Gas () Address (Give address to which approved copy of this form is to be sent)				
None If well preduces all or liquids, Unit Sec. Twp. Figs. Is gas actually connected? When					
				hen	
	give locating of tanks.	P 14 18S 27B	No		
IV.	If this production is comminged with that from any other lease or pool, give comminging order number:				
	Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res' Diff. Res'v.	
	Dete Boulded	Date Compl. Ready to Pred.			
		Date Compl. Really to Prod.	Total Depth	P.B.T.D.	
	Elevetions (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	
ł		· · · · · · · · · · · · · · · · · · ·			
	······································				
			· · · · · · · · · · · · · · · · · · ·		
	. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after resovery of total volume of load oil and must be equal to or exceed to				
OIL WELL able for this depth or be for full 24 houre) Dete Firet New Oil Run To Tanks Date of Teet Producing Method (Flow, pump, gas lift,					
				Choke Bize	
ľ	Length of Tost	Tubing Pressure	Casing Pressure	Choke Bize	
	Actual Pred. During Test			05	
		Oll - Bhis.	Water - Bble.	Gen-MCF	
ų		<u>.</u>	l		
-	GAS WELL				
	Actual Pred, Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
ł	Testing Method (picet, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI .	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION	
	I hereby certify that the rules soft 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.		OCT 9 7 1001		
1			APPROVED UCI 2 (1501 , 19		
(BY_ N.U. Aresset		
			TITLE SUPERVISOR, DISTRICT, II		
		0/ 10.	This form is to be filed in compliance with RULE 1104.		
-	Area Supervisor (Tule) October 16, 1981		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 deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owner.		
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ť	(De		well name or number, or transportes, or other such change of condition.		