	NO. OF COMIES SECENCED		-1		
	SANTA FE V		CONSERVATION COMMISSION	Form C+104	
	SANTAFE V FILE V	RECEIVED	EORALLOWABLE	Supersedes Old C-106 and C-11 Ellocitya 1-1-65	
	U.S.G.S.		ANSPORT DIL AND NATURAL	CAS	
	LAND OFFICE	AUG 12 19			
	IRANSPORTER OIL V		000		
	GAS	0. C. D). 1		
	OPERATOR V	ARTESIA, OF	FICE		
1.	PROFATION OFFICE	1			
	Anadarko Petroleum Corporation				
	Address				
	P. O. Box 2497	Midland, Texas 79702			
	Reason(s) for filing (Check proper box	-	Other (Picase explain)		
	New We!! Change in Transporter of: Becompletion Cit Dry Gas Allogia (A) 2025				
	Recompletion Change in Ownership X	Casinghead Gas Conder		980,	
	If change of ownership give name and address of previous owner	Anadarko Production Comp	any, P. O. Box 2497, M	idland, Texas 79702	
11.	DESCRIPTION OF WELL AND	LEASE Vell No.; Pool Name, Including F	ormation Kind of Le	ase Lease No.	
	Lesse Name		State, Fed	eral cr Fee State B-10456	
	Artesia State Unit Tr.	5 1 Artesia Queen	Graynurg_sa	,,,,,,,	
	Unit LetterI ; 1330 Feet From The South Line and 10 Feet From The East				
	Line of Section 14 To	wnship 185 Range 2	7E , NMPM, Eddy	y County	
* * *	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	s		
	Nome of Authorized Transporter of Cli	X or Condensate	Address (Give address to which app	proved copy of this form is to be sent)	
	 Navajo Refining Company	- Trans & Supply	P. O. Box 159, Artes:	ia, N.M. 88210	
	Nome of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)				
	None	Unit Sec. Twp. P.ge.	Is gas actually connected?	When	
	If well produces oil or liquids, give location of tanks.				
	, <u>1</u> 14 100 , <u>2/1</u> 10				
	If this production is commingled with that from any other lease or pool, give commingling order number:				
	Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
			Total Depth	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
	Periorations			Depth Casing Snoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		1		Posted ID-3	
				9-6-85	
				Op. name chq.	
			l		
¥.	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 alignment of the depth or be for full 24 hours)				
i	OIL WELL Dete First New Oil Run To Tenks	Date of Test	Producing Method (Flow, pump, gas	lifs, esc.)	
				Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure	Chore Size	
		Cil-Bbis.	Water-Bble.	Ges-MCF	
	Actual Pred. During Test			-	
l					
	GAS WELL				
	Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		Tubing Pross # (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	. doing prost be (Brut-14)			
, [CERTIFICATE OF COMPLIAN	: ~F	OIL CONSERV	ATION COMMISSION	
\ 1.	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.		AUG 26 1985		
			APPROVED Original Signed By		
			Supervisor District II		
	h		TITLE		
	Heb Brandes		is a subsection allowable for a newly drilled or deeper.ed		
	(Signature)		If this is a request for anoualle by a tabulation of the deviation 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-		
	Senior Administrative Specialist				
	1.[1]		ahle on new and recompleted wells.		
	7/25/85		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.		
	(Duie)		well name or number, or transp Scortate Forms C-104 m	Separate Forms C-104 must be filed for each pool in multiply	
			reprinted wells.		

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