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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

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

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)
New Well ☐ Change in Transporter of: CIL ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒
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

I. DESCRIPTION OF WELL AND LEASE
Lease Name Ballard GSAU Tract 15 Well No. 6 Pool Name, including Formation Loco Hills Grbg., San Andres Kind of Lease State, Federal or Fee Federal Lease No. LC 061602
Location
Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West
Line of Section 8 Township 18S Range 29E , NMPM, Eddy County

II. 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 1975

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

III. COMPLETION DATA
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res't. ☐ Diff. Res't. ☐
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
Elevations (DF, RKB, RT, CR, 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 _____

IV. 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 (pitot, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____

V. 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.
Rep Brandes
(Signature)
Sr. Administrative Specialist
(Title)
JUL 22 1985
(Date)
OIL CONSERVATION COMMISSION
AUG 26 1985
APPROVED _____, 19____
BY Les A. Clements
Original Signed By
Supervisor District II
TITLE _____
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 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 filed for each pool in multiple.