		-			
	DISTRIBUTION				
	SANTA FE		CONSERVATION COMMISSION	Form C+104 Supersedes Old C+104 and C+11	
	FILE	RECEIVED		Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT DIL AND NATURAL G	AS	
	LAND OFFICE	- AUG 12 19	985		
	IRANSPORTER OIL	0 . c. d			
	OPERATOR V	ARTESIA, OF	1		
1.	PROFATION OFFICE				
	Anadarko Petroleum Corporation				
	Address				
		Midland, Texas 79702			
	Reason(s) for filing (Check proper box				
New We!l Change in Transporter of: Change in C Recompletion Cil Dry Gas Change in C				ip Effective:	
Change in Ownership Casinghead Gas Condensate AUG 1 1985				5;	
	If change of ownership give name			land. Texas 79702	
If change of ownership give name Anadarko Production Company, P. O. Box 2497, Midland, Texas 7 and address of previous owner					
II. DESCRIPTION OF WELL AND LEASE					
	Lease Name Vell No. Pool Name, Including Formation Kind of Lease Lease No.				
	Artesia State Unit Tr. 6 2 Artesia Queen Grayburg SA State, Federal or Fee State B-10715				
	Location Unit LetterL; 1530 Feet From TheSouth_Line and1310 Feet From TheWest				
Line of Section 13 Township 18S Range 27E , NMPM, Eddy Cour					
	DESIGNATION OF TRANSDOR	TER OF OIL AND NATURAL GA	S WATER INJECTION WELL		
	Nome of Authorized Transporter of QL	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)	
			Address (Give address to which approv	ed copy of this form is to be sent;	
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas octually connected? Whe	n	
	give location of tanks.		l		
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:		
IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. I					
	Designate Type of Completi		1 s P		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	Р.Б.Т.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!1/Gas Pay	Tuking Depth	
	Periorations			Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
				Posted ID-3 9-6-85	
,				Do name Che.	
				8	
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or excee able for this depth or be for full 24 hours)				ind must be equal to or exceed top allows	
	OIL WELL Date First New Cil Run To Tonks	Date of Test	Producing Method (Flow, pump, gas life	i, eic.)	
	Length of Test	Tubing Pressure	Casing Pressue	Cheke Size	
	Actual Pred. During Test	Cil-Bble.	Water-Ebis.	Gas-MCF	
	Actual Pred. Damig Teet				
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Grevity of Condensate	
	Actual Prod. 1 #BI-NUT7D				
	Testing Method (putor, back pr.)	Tubing Freesewe (Shut-in)	Cosing Freesure (Sbut-in)	Choke Size	
				TION COMMISSION	
V1.	CERTIFICATE OF COMPLIAN	CE			
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED AUG 26 1985		
	Commission have been complied y shove is true and complete to the	with and that the information given	BY Les A. Clements		
	Λ		TITLE Supervisor District If		
	· /D.	Λ	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend 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.		
	Xoraly 1	Grandles			
		alwe)			
	enior Administrative				
(Tille) 7/25/85			A set of the total and VI for changes of owner		
	(1)	u(e)	Fill out only Sections 1, 11, 111, and the such change of condition. well nears or number, or transporter, or other such change of condition. Sectors Forme C-104 must be filed for each pool in multiply		
			Separate Forma C-104 must be filed for each poor in fidence,		