OIL	/	L			
OIL	/	c			
OIL	7	-			
OIL	7				
OIL	/				
OIL	/				
TRANSPORTER GAS					
OPERATOR					
PRORATION OFFICE					
	67,	67, Lo			

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	FILE		//				RE		Supersedes Old C-104 and C-11 Effective 1-1-65						
	U.S.G.S.		+/	<del>/   -  </del>				AND ANSPORT OIL AND NATURAL GAS							
	LAND OFFICE			AUTHORIZATION TO TRA				A1131 OK 1	OIL AND	NATURAL C	RECE	IVE	E D		
	TRANSPORTER	OIL	Z												
		GAS	1/									MAR 1	1 1978	1	
	PROPATION OF	FICE	+	$\vdash$								man 1	1970	•	
I.	Operator											0.0	. C.	<del></del>	
	Anaderko Address	Prod	luc t	ion	Compar	ly_					ARTERIA,	OFFICE			
	1							00255							
	P. O. Box 67, Loco Hills, New Mexico 88255  Reason(s) for filing (Check proper box)  Other (Please explain)													<del> </del>	
	New Well	X		•	Chan	ge in Tran	sporter o	f:		- · •	• • • •				
	Recompletion				Oil			Dry G	as 🔲						
	Change in Ow ershi	P			Casir	ghead Gas	š 🔝	Conde	nsate						
	If change of owners			ne											
	and address of pre-	vious ov	vner_					<del></del>	<del></del>						
11.	DESCRIPTION O	F WEI	L A	ND L	EASE						, <del></del>				
	Lease Name	1 d &.	T	24	Well 3	No. Pool			ormation en GSA		Kind of Lease			Lease No.	
	Ballard GSA U		11.			Loca	, nil	ra due	en Con		P\$P79954	y yk ree			
	Unit Letter	v	. 2	180	Feet	From The	Se	nith i ii	ne and	2255	Feet From T	he West			
	Oint Letter	Α	,	TOA		1 10111 1110		<b>JU (.)</b>			1 cct 7 tom 7				
	Line of Section	5		Town	nship	185	F	Range	29E	, NMPM	1,	Eddy		County	
111	DESIGNATION O	NE TDA	NED	OPT	ER OF (	NI AND	NATI	RAI G	16						
	Name of Authorized					or Condens		MAL G		Give address	to which approx	ed copy of this fe	orm is to b	e sent)	
	Texas-New	Mexic	o P	ipe]	line Co	mpany						as 79701			
	Name of Authorized						r Dry Ga	ıs 🗀	1			ed copy of this for the second	orm is to b	be sent)	
	Phillips F				Unit		Twp.	P.ge.		tually connect	ssa, Texa				
	If well produces oil give location of tan		is,	!	E	8	18\$	29E	Yes.		,	3-2-78			
	If this production i	s comm	ingled		that from	<del>-</del>	er lease	or pool.	give comm	ingling orde	r number:			-	
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty, Diff. Resty.														
	Designate Ty	pe of C	ompl	etion	-(X)	Oil Wel	.I ; G	as Well	New Well	Workover	Deepen	Plug Back   Sa	me nes.v.	Diff. Res-V.	
	Date Spudded			$\neg$	Date Com		to Prod.		Total Dep			P.B.T.D.		<u> </u>	
	12-13-77					3-2-78			2810			2794 KB			
	Elevations (DF, RKB, RT, GR, etc.)			2.,	Name of Producing Formation			Top Oil/Gas Pay 2490			Tubing Depth S. N. 2723				
	3554 GR Perforations Metex: 2492-95,25					Grayburg 504-12 2516-22 2534-40			1			Depth Casing Shoe			
	Premier: 2630	- 36 . 20	540 <b>-</b>	43.	2655 <b>~</b> 5	9.26 <b>6</b> 8	-72,2	682 <b>-</b> 86	,2690-2	700,2704	-12 <b>@2</b> SPF	2810			
					TUBING, CASING, AND				D CEMENT	D CEMENTING RECORD					
	HOLE SIZE				CASING & TUBING SIZE					DEPTH SET			SCEME	<del></del>	
	12-1/4"					8-5/8				373'K 2810'K	•	150 ax + 8	Yards	Redimix	
	7-7,	/8:		$\overline{}$		4-1/2		<del></del>	+	<u> </u>	<u> </u>	#UU #K			
							-								
V.	TEST DATA AN	D REQ	UEST	r Fo	R ALLO	WABLE						and must be equa	to or exc	eed top allow	
	OIL WELL Date First New Oil Run To Tanks				able for this de						v, pump, gas lij	t, etc.)			
	3-3-78			Ì	3-12-78					Pumping					
	Length of Test		_	$\neg$	Tubing Pressure			Casing Pressure			Choke Size				
	24 Hous Actual Prod. During			$\longrightarrow$	70#			70#			Gas-MCF				
	101 bb1				Oil-Bbls. 38				63 BLW			12.2			
			-					.,l			<del></del>	1/65			
	GAS WELL										T	<u> </u>	<del>-::11-,</del>		
	Actual Prod. Test-MCF/D			-	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
	Testing Method (pit	or back	nr. i	$\rightarrow$	Tubing Pr	essure ( %)	hut-in	<u> </u>	Casing Pr	ressure (Shut	-in)	Choke Size		<del>[[]</del>	
	. sormy Method (bee	,	F-1/			· · · · · · · · · · · ·					- 				
VI.	CERTIFICATE OF COMPLIANCE									OIL	CONSERVA	TION COMM	ISSION		
											MAR 1 5	1979	19		
	I hereby certify the Commission have	at the re	ules a	ind re	gulations	of the O	il Cons	ervation	APPRO	DVED T		resset	<b>/</b> _' "		
	Commission have above is true and	comple	te to	the	best of	my knowl	edge an	d belief.	BY	_1.	Cli A				
									TITLE SUPERVISOR, DISTRICT IL						
									This form is to be filed in compliance with RULE 1104.						
												-			

Original Signed by John C. (Signature)

Acting Area Supervisor

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 to the section of the section.