|              | DISTINUUTION<br>SANTA FE  |                                    |   | Poim C -104<br>Supersedes Old C-104 and i  |  |
|--------------|---|------------------------------------|---|--|--|
|              |   |                                    |   | Effective 1-1-65   |  |
|              | U.S.G.S.  | AUTHORIZATION TO TR                | AND NATURAL   | GAS  |  |
|              | LAND OFFICE   | RECEIVE                            | and the second          |  |  |
|              | IRANSPORTER GAS   |                                    | 985   |  |  |
| 1            | PROFATION OFFICE  |                                    |   |  |  |
|              | Anadarko Petroleum (  | O. C.<br>Corporation APTESIA C     | i i i i i i i i i i i i i i i i i i i   |  |  |
|              | Address 2407 Miller J. Towner, 20202  |                                    |   |  |  |
|              | P. O. Box 2497 Midland, Texas 79702<br>Recoson(s) for filing (Check proper box)<br>Other (Piease explain)   |                                    |   |  |  |
|              | New Well Change in Transporter of:  |                                    | Change in Owner   | Change in Ownership Effective:   |  |
|              | Fiecompletion<br>Change in Ownership  | Cil Dry C<br>Casinghead Gas Condu  | ensale  | 1 1985   |  |
|              | If change of ownership give name<br>and address of previous owner   | Anadarko Production Com            | npany, P. O. Box 2497, Mi   | dland, Texas 79702   |  |
| п            | DESCRIPTION OF WELL AND LEASE   |                                    |   |  |  |
|              | Lease Name Xell No. Fool Name, Including Formation Kind of Lease Lease No   Ballard GSAU Tract 24 3 Loco Hills/Grbg., San Andres State, Federal or Fee Fee  |                                    |   |  |  |
|              | Location  |                                    |   |  |  |
|              | Unit Letter K ; 21  | 80 Feet From The South Li          | ne and 2255 Feet From   | TheWest  |  |
|              | Line of Section 5 To  | winship 185 Range                  | 29Е , ММРМ,   | Eddy County  |  |
| ι <b>Π</b> . | DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS     Nome of Authorized Transporter of Oil Transporter of O |                                    |   |  |  |
|              | Texas-New Mexico Pipeline Company P.O. Box 60028, San Angelo, TX 76906  |                                    |   |  |  |
|              | Name of Authorized Transporter of Ca  | singhead Gas 🕅 🛛 or Dry Gas 🚞      | Address (Give address to which appro<br>10 W.W. Frank Phillips  | Bldg., Bartlesville, OK  |  |
|              | Phillips Petroleum  | Unit Sec. Twp. P.ge.               | ls gas actually connected?  | 74004  |  |
|              | give location of tanks.   | <u>E 8 185 29E</u>                 |   | March 1978   |  |
| IV.          | If this production is commingled with that from any other lease or pool, give commingling order number:<br>COMPLETION DATA  |                                    |   |  |  |
|              | Designate Type of Completion  | on — (X)                           | New Well Workover Deepen  | Plug Back Same Restv. Diff. Res  |  |
|              | Date Spudded  | Date Compl. Ready to Prod.         | Total Depth   | P.B.T.D.   |  |
|              | Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation        | Top O!!/Gas Pay   | Tubing Depth   |  |
|              |   |                                    |   |  |  |
|              | Perforations Depth Casing Shoe  |                                    |   | Depth Casing Snoe  |  |
|              |   | TUBING, CASING, AN                 | CEMENTING RECORD  |  |  |
|              | HOLE SIZE   | CASING & TUBING SIZE               | DEPTH SET   | SACKS CEMENT   |  |
|              |   |                                    | <u> </u>  | 9-6-85   |  |
|              |   |                                    |   | Chy Op Mame  |  |
| v            | TEST DATA AND REOUSST F   | i<br>DRAILOWABLE – Cleat must be a | 1 feet recovery of total volume of load oil   | and must be squal to or exceed top allo  |  |
| ۲,           | 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 allo able for this depth or be for full 24 hours)   OIL WELL Date of Test   Date First New Oil Run To Tanks (Date of Test   |                                    |   |  |  |
|              | Date First New Oil Run To Tanks   | Date of Test                       | Preducing Method (Flow, pump, gus ii,   | , , , , , , , , , , , , , , , , , , ,  |  |
|              | Length of Test  | Tubing Pressure                    | Cosing Pressure   | Choxe Size   |  |
|              | Actual Pred. During Test  | Cil-Bbis.                          | Water-Bbls.   | Gas-MCF  |  |
|              |   |                                    |   |  |  |
|              | GAS WELL  |                                    |   |  |  |
|              | Actual Frad. Test-MCF/D   | Length of Test                     | Bbis. Condensate/MMCF   | Grevity of Condensate  |  |
|              | Testing Nothed (pitol, back pr.)  | Tubing Frees are (Shat-in )        | Cosing Freesure (Sbut-in)   | Choke Size   |  |
| ا<br>۲۰      | CERTIFICATE OF COMPLIANCE   |                                    |   | TION COMMISSION  |  |
|              | I hereby certify that the rules and regulations of the Oil Conservation   |                                    | AUG 26 1985   |  |  |
|              | I hereby certify that the rules and r<br>Commission have been complied w<br>sbove is true and complete to the   | ith and that the information given | BYOriginal Signed By  |  |  |
|              | 1   |                                    | tes A. Clements   |  |  |
|              |   |                                    | TITLE Supervisor District II<br>This form is to be filed in compliance with RULE 1104.                                    |  |  |
|              | A Top Brandes   |                                    | If this is a request for allowable for a newly drilled or deeper-   |  |  |
| -            | (Signature)<br>Sr. Administrative Specialist  |                                    | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. |  |  |
| -            | (Title)   |                                    | All sections of this form must be filled out completely for allo-<br>able on new and recompleted wells.                   |  |  |
| -            | (Date, LUL, E. E. 1085  |                                    | Fill out only Sections I. II  | Fill out only Sections I. II. III, and VI for changes of own or well name or number, or transporter, or other such change of condition |  |
|              | (Dute)  |                                    | well name of home c.104 most be filed for each pool in multiple   |  |  |