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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
**RECEIVED**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

JAN 23 1979

I. OPERATOR

**Anadarko Production Company** ☒ **O.C.C.**

Address **ARTESIA, OFFICE**

**P. O. Box 67, Loco Hills, New Mexico 88255**

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐ Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<b>Ballard GSA Unit Tract #3</b>	<b>1</b>	<b>LocoHillsQueenGrayburgSanAntonio</b>	<b>Federal 11141</b>	<b>LC 028772 D</b>
Location				
Unit Letter <b>H</b>	<b>1980</b>	Feet From The <b>North</b> Line and <b>660</b>	Feet From The <b>East</b>	
Line of Section <b>7</b>	Township <b>18S</b>	Range <b>29E</b>	<b>NMPM</b>	<b>Eddy</b> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Texas-New Mexico Pipeline Company</b>	<b>Box 1510, Midland, Texas 79701</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Phillips Petroleum Corporation</b>	<b>Box 6666, Odessa, Texas 79760</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<b>E 8 18S 29E Yes 12-1-78</b>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded <b>12-2-78</b>	Date Compl. Ready to Prod. <b>12-1-78</b>	Total Depth <b>3124'</b>	P.B.T.D. <b>3103'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3564.6 GL</b>	Name of Producing Formation <b>Jackson</b>	Top Oil/Gas Pay <b>2954</b>	Tubing Depth <b>3016' w/SHOE</b>					
Perforations <b>2954, 2955, 2959, 2960-68, 2976, 2982, 2992 &amp; 3001 @ 1 SPF</b>	Depth Casing Shoe <b>3123' KB</b>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12-1/4"</b>	<b>8-3/8"</b>	<b>353' KB</b>	<b>250 ex Class H</b>					
<b>7-7/8"</b>	<b>4-1/2"</b>	<b>3123' KB</b>	<b>300 ex 30/30 Pennix</b>					

V. 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 <b>12-11-78</b>	Date of Test <b>1-13-79</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 Hours</b>	Tubing Pressure <b>609</b>	Casing Pressure <b>609</b>	Choke Size <b>None</b>
Actual Prod. During Test <b>70 Bbls. Fluid</b>	Oil - Bbls. <b>10</b>	Water - Bbls. <b>60</b>	Gas - MCF <b>9.6</b>

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

VI. 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.

**Original Signed by Jerry E. Buckles**

(Signature)

**Area Supervisor**

(Title)

**January 22, 1979**

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 24 1979**, 19  
BY **W. A. Gressett**  
TITLE **SUPERVISOR, DISTRICT II**

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.