	· · · · · · · · · · · · · · · · · · ·				~					
	SANTA FE REQUEST					Ebom C-104 Supersedes Old	Foom C+104 Supersedes Old C+104 and C+110			
	FILE						Eflective - -6	\$		
	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						5			
	TRANSPORTER OIL	AUG 12 1985								
	GAS OPERATOR									
1.	PROFATION OFFICE]	C. D.	_						
	Anadarko Petroleum Corporation						10			
	Address P. O. Box 2497 Midland, Texas 79702									
	Reason(s) for filing (Check proper box,	/			her (Picase es)		ip Effective:			
	New Well	Cil Change in Transporte	r ot: Dry Ga				••			
	Change in Ownership X	Casinghead Gas	Conden	sole	<u> </u>	AL	JG` 1 1985			
	If change of ownership give name and address of previous owner	Anadarko Product	ion Comp	any, P.	0. Box 24	97, Midla	and, Texas 7	9702		
I.	DESCRIPTION OF WELL AND	LEASE Vell No.; Pool Name,	Including Fo	mation	KI	nd of Lease		Lease No.		
	Ballard GSAU Tract 5				Andres Su	ite, Federal cr	Fee Federal	LC 050906		
	Location Unit LetterP;99		outh	131	0 ,	aal From The	East			
	Unit Letter;;		Lini		r	eet rion ine	Eddy			
	Line of Section 8 Tow	vnship 185	Range	29E	, NMPM,		Lady	County		
1.	DESIGNATION OF TRANSPORT	TER OF OIL AND NAT		Address (Giv			copy of this form is t			
	Texas-New Mexico Pipeline Company-			P.O. Box 60028, San Angelo, TX 76906						
	Name of Authorized Transporter of Cas Phillips Petroleum	inghead Gas <u>KA</u> or Dry	یے دمن	10 W.W.	Frank Ph	illips B	ldg., Bartlesv	rille, OK 74004		
	If well produces oil or liquida,	Unit Sec. Twp.	F.ge.		ly connected?	i When	Dec. 1978			
	give location of tarks. If this production is commingled wit				es	mber:				
7.	COMPLETION DATA		Gas Well				Plug Back Same Res	'v. Diff. Res'v.		
	Designate Type of Completio			T to I Do to b			P.B.T.D.			
	Date Spudded	Date Compl. Ready to Pro	a.	Total Depth						
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Forma	lion	Top Oil/Gas	Ραγ	г	Fubing Depth	Í		
	Periorations						Depth Casing Shoe			
	TUBING, CASING, AND C				GRECORD					
	HOLE SIZE	CASING & TUBING			DEPTH SET		SACKS CEM	ENT		
							7-6	- 85		
		1					Chy op	Name		
,	TEST DATA AND REQUEST FO	i DR ALLOWABLE σε	st must be af	ler recovery 0)	total volume	of load oil and	I must be equal to or e	xceed top allow		
•	Dete First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)									
						10	Choke Size			
	Length of Test	Tubing Pressure		Cosing Press						
	Actual Fred. During Test	Cil-Bhis.		Water - Bbls.			Gos+MCF			
				l						
,	GAS WELL	Length of Test		Ebis. Conder			Gravity of Condensate	<u> </u>		
					we (Stot-in		Choke Size			
	Testing kisthod (pitot, back pr.)	Tubing Fressure (Shut-1)	נמ	Cosing Fresh						
1.	L CERTIFICATE OF COMPLIANCE				OIL CONSERVATION COMMISSION					
	hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.			APPROVED AUG 29 1985						
				TITLE Supervisor District 11						
	D. R.				form is to be	filed in con	mpliance with RULE	ed or deeper.ed		
	(Signature)				If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation					
	Sr. Administrative Specialist			All sections of this form must be filled out completely for allow						
	(Tiile) ·			able on new and secompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,						
	NUL C 2	mules the the the				Fill out only Sections 1, in even sporter, or other such change of condition. well name or number, or transporter, or other such change of condition.				