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	GAS <input checked="" type="checkbox"/>	
OPERATOR	<input checked="" type="checkbox"/>	
PRODUCTION OFFICE		

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

AUG 12 1985

O. C. D.
ARTESIA, OFFICE

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

Operator Anadarko Petroleum Corporation

Address P. O. Box 2497 Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	Other (Please explain) Change in Ownership Effective: <u>AUG 1 1985</u>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner: Anadarko Production Company, P. O. Box 2497, Midland, Texas 79702

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Ballard GSAU Tract 10</u>	Well No. <u>5</u>	Pool Name, including Formation <u>Loco Hills Grbg., San Andres</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC 058581</u>
Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>730</u> Feet From The <u>East</u> Line of Section <u>5</u> Township <u>18S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas-New Mexico Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 60028, San Angelo, TX 76906</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>10 W.W. Frank Phillips Bldg., Bartlesville, OK 74004</u>
If well produces oil or liquids, give location of tanks.	Unit <u>E</u> Sec. <u>8</u> Twp. <u>18S</u> Rge. <u>29E</u> Is gas actually connected? <u>Yes</u> When <u>Nov. 1978</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>Posted ID-3</u>
			<u>9-6-85</u>
			<u>Chg Op Name</u>

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

I. 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.

Heri Brandes
(Signature)
Sr. Administrative Specialist
(Title)
JUL 22 1985
(Date)

OIL CONSERVATION COMMISSION

AUG 26 1985

APPROVED _____, 19____

BY Original Signed By
Les A. Clements

TITLE Supervisor District 14

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.
Form C-104 must be filed for each pool in multiple.