DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OPERATOR PROPATION OFFICE Uperator	<u> </u>	FOR ALLOWABLE AND ASPORT DIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-55 AS
Anadarko Petroleum C	orporation		
P. O. Box 2497 Midl.	and. Texas 79702		
Reason(s) for filing (Check proper box	,	Other (Picase explain) Change in Owners	thin Effective:
New Well	Change in Transporter of: Oil Dry Gas	<u> </u>	G 1 1 1885
Recompletion Change in Ownership X	Casinghead Gas Conden		6 - 1 7800
If change of ownership give name	Anadarko Production Comp	any. P. O. Box 2497, Mid	lland, Texas 79702
and address of previous owner	Anadarko rrodae ezon eone		
DESCRIPTION OF WELL AND	i zell No.: Pool None, inc and re	rmation Kind of Lease	1
Ballard GSAU Tract 14	6 Loco Hills Grb	g., San Andres State, Federal	crFee Federal LC 061701
Location M . 87	O Feet From The South Line	and 660 Feet From T	The West
Unit Letter M : 07	_	9E , NMPM,	Eddy County
Line of Section 8 To	wnship 18S Range 2	JE , NMFM,	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which approv	ved copy of this form is to be sent)
Name of Authorized Transporter of On Texas-New Mexico Pipeli	ine Company	P.O. Box 60028, San Ang	gelo, TX 76906
Name of Authorized Transporter of Ca	singhead Gas 📉 or Dry Gas 🗔	Address (Give address to which approved W.W. Frank Phillips E	Bldg., Bartlesville, OK 74004
Phillips Petroleum	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	er.
If well produces all or liquids, give location of tanks.	E		June 1981
If this production is commingled wi	ith that from any other lease or pool,		The state of the s
Designate Type of Completi	On - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spanned		Top O11/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		
Periorations			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	ATT OWART Constitution	less recovery of total volume of load oil	and must be equal to or exceed top allow
TEST DATA AND REQUEST F	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Fibm, pamp, 200)	,,,,
Length of Test	Tubing Pressure	Cosing Pressure	Chcke Size
	Cil-Bbis.	Water-Bbls.	Gas-MCF
Actual Pred. During Test			
GAS WELL Actual From Test-MCF/D	Length of Test	Bale. Condensate/AMCF	Gravity of Condensate
		Cosing Pressure (Shut-in)	Choke Size
Teating Riethod (pitot, back pr.)	Tubing Frees we (shut-in)		
CERTIFICATE OF COMPLIAN	CE	1	ATION COMMISSION
		APPROVED AUG 26 1	985
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 Les A. Clements	
above is tive and complete to the state of t		TITLE Supervisor District II	
10.		This form is to be filed in	compliance with RULE 1104.
Stol Brando		If this is a request for allowable for a newly drilled or despersed 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.	
Sr. Administrative Specialist			
(Title)			
JUL 2 2 198	5 Date;	I all carse of number, of transpor	it, in, and vi for change of condition at he filed for each pool in multiple