

DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

NEW MEXICO OIL CONSERVATION COM. SION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**RECEIVED**  
AUG 12 1985  
O. C. D.  
ARTESIA, OFFICE

Form C-104  
Supersedes Old C-104 and C-11  
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 ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)  
Change in Ownership Effective:  
**AUG 1 1985**

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 <b>Ballard GSAU Tract 11</b>	Well No. <b>6</b>	Pool Name, Inc. or Formation <b>Loco Hills Grbg., San Andres</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>LC 058582</b>
Location Unit Letter <b>A</b> : <b>330</b> Feet From The <b>North</b> Line and <b>200</b> Feet From The <b>East</b> Line of Section <b>6</b> Township <b>18S</b> Range <b>29E</b> , NMPM, <b>Eddy</b> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas-New Mexico Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 60028, San Angelo, TX 76906</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum</b>	Address (Give address to which approved copy of this form is to be sent) <b>10 W.W. Frank Phillips Bldg., Bartlesville, OK 74004</b>
If well produces oil or liquids, give location of tanks. Unit <b>E</b> Sec. <b>8</b> Twp. <b>18S</b> Rge. <b>29E</b>	Is gas actually connected? <b>Yes</b> When <b>Aug. 1981</b>

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'v.	Diff. Res'v.
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
			<b>Pasted ID-3</b>
			<b>9-6-85</b>
			<b>Op. name chg.</b>

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/MCF	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.

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

OIL CONSERVATION COMMISSION

**AUG 26 1985**, 19\_\_

APPROVED  
Original Signed By  
**Les A. Clements**  
Supervisor District II

TITLE

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.  
Separate Forms C-104 must be filed for each pool in multi-