1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPET: A TOR PROFATION OFFICE Ciperator	REQUEST RECEIVED	NSPORTIOIL AND NATURAL O	Poim C+104 Supersedes Old C-104 and C+110 Ellective 1-1-65 GAS
	Anadarko Petroleum Corporation UTU			
	Address P. O. Box 2497 Midla Reason(s) for filing (Check proper box, New We!1 Recompletion Change in Ownership X If change of ownership give name	Change in Transporter al: Cil Dry Ga Casinghead Gas Conden		AUG 1 1985 :
	and address of previous owner	Anadarko Production Comp	oany, P. O. Box 2497, Mic	lland, Texas 79702
i <b>1</b> .	DESCRIPTION OF WELL AND I Lease Name Ballard GSAU Tract 6 Location Unit Letter P : 66	18 Loco Hills Grb	600 e ard <u>-660</u> Feel From T	The East
	Line of Section 0 rounding 100 none 192			
n.	II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS WATER INJECTION WELL Nome of Authorized Transporter of OIL or Condensate Address (Give address to which approved copy of this form is to be se Address (Give address to which approved copy of this form is to be se Address (Give address to which approved copy of this form is to be se			
	-		Is gas actually connected? Whe	π.
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.		
v.	If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded	Oil Well Gas Well	give commingling order number:	Plug Back Same Res'v. Diff. Res'v.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
Periorations			Depth Casing Shoe	
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD	SACKS CEMENT
				Posterl ID-3
	•			ap. neme cho
	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or			
OIL WELL				
	Date First New Oil Run To Tanks	Date of Test		
	Length of Test	Tubing Pressure	Cosing Pressue	Choke Size
	Actual Pred. During Test	Cil-Bbls.	Water-Bbls.	Gas-MCF
	GAS HELL	Length of Test	Ebia, Condenante/MMCF	Gravity of Condenegie
	Testing kielbad (pitot, back pr.)	Tuting Piese == (Shut-in)	Cosing Freeswe (Shut-in)	Choke Size
	CERTIFICATE OF COMPLIANC	TE I	OIL CONSERVA	TION COMMISSION
	I hereby certify that the rules and ru Commission have been complied w above is true and complete to the	egulations of the Oil Conservation ith and that the information given best of my knowledge and belief. Carries	AUG 26 1985   19     Original Signed By   BY   Los A. Clements     TITLE   Supervisor District H   If this form is to be filed in compliance with RULE 1104.     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 tests taken on the well in accordance with RULE 111.	
	Sr. Administrative Specialist		All sections of this form must be filled out completely for allow- able on new and recompleted wells.	
	[JUL] 2 2 198	35	well name or number, or transporter, or other such changes of condition.	
	[][].u	•	Separate Forms C-104 must be filed for each pool in multiply	