DISTINUTION SANTA FE		ONSERVATION COL SSION	Form C -104 Superaedes Old C-104 and C-1 Ellactiva 1-1-65
FILE V V U.S.G.S.	AUTHORIZATION TO TRA	AND	
LAND OFFICE			
GAS V OPECATOR	AUGI	2 1985	•
PROFATION OFFICE		C. D.	<u></u>
Anadarko Petroleum			
P. O. Box 2497	Midland, Texas 79702		
Reason(s) for filing (Check proper box, No- Wo!)	Change in Transporter of:	Other (Please explain) Change in Ownersh:	ip Effective:
Recompletion	Cil Dry Ca		1 1985
Change in Ownership X			
If change of ownership give name Anadarko Production Company, P.O. Box 2497, Midland, Texas 79702			
DESCRIPTION OF WELL AND	Vell No.; Pool Name, Inciding Fi	ormation Kind of Lease	_
Travis "E" Federal	1 [·] Loco Hills Grb	g., San Andres State, Federal	r Fee Federal NM23414
Location Unit Letter K 198	0.5 Feet From The South Lin	and Feet 7000 7	me_West
	mship 18S Bange	29E . NMPM.	Eddy County
		s	-
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Nome of Authorized Transporter of CH Nome of Author			
JM Petroleum Corporation		Dallas, TX 75201 Address (Give address to which approv 10 W.W. Frank Phillips I	ed copy of this form is to be sent) Bldg.
Phillips Petroleum	Unit Sec. Twp. Pge.	Bartlesville, OK 74004 Is gas actually connected?	
If well produces oil or liquids, give location of tanks.		Yes	NA
If this production is commingled with COMPLETION DATA	h that from any other lease or pool,	give commingling order number:	Plug Back 'Same Res'r.'Dill. Res'r
Designate Type of Completion	on — (X) Cill Well Gas Well		
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			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	Pastel ID-3
			9-6-85 00. name cheg.
	l		
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) OIL WELL			
Date First New Oll Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	i, elc.)
Length of Test	Tubing Pressure	Cosing Pressure	Chcke Size
Actual Pred. During Test	C11-Bb:.	Water - Bbls.	Gos-MCF
GAS HELL	Length of Test	Bbla. Condensate/MMCF	Grewity of Condensate
Actual Fred. Test-MCF/D		Cosing Fisses (Sbat-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Freese we (Shat-12)	-	
CERTIFICATE OF COMPLIANO	CE	11	TION COMMISSION
I hereby certify that the rules and regulations of the Oli Conservation Commission have been complied with and that the information given above is true, and complete to the best of my knowledge and belief.		APPROVED AUG 26 1985	
		BYLus A. Clements	
		TITLE Supervisor District II	
Hop Brandes		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despen-	
- // Wer AS CUTULUS (Signature)		well, this form must be accompanied by a tabulation of the contained taken on the well in accordance with MULE 111.	
Senior Administrative Specialist		All soctions of this form must be filled out completely for slice able on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owre	
July 22, 1985		Il wall name or number, or transpor	I. III, and VI for change of conditions ter, or other such change of conditions the filed for each pool in multi-
		Seperate Foins C-164 mas	A DE TRANSFORME POSE IN MORELY