DISTRIBUTION SANTA FE		DUSERVATION COMMISSION	Poim C+104 Supersedes Old C+104 and C+11
FILE L	565	AND	Effective 1-1-65
U.S.G.S.		NSPORTOIL AND NATURAL	GAS
IRANSPORTER GAS CAS		. <b>2</b> 1985	
OPERATOR V	-1 , 1	C. D.	
Operator		3, Office	
Anadarko Petroleum Co	orporation		
P. O. Box 2497 Midl. Recoon(s) for filing (Check proper box	and, Texas 79702	Other (Piease explain)	
New Well	Change in Transporter of:		rship Effective:
Recompletion Change in Ownership X	Cil Dry Cas  Casinghead Gas Conden	Alig	1 1985
If change of ownership give name and address of previous owner	Anadarko Production Comp	any, P. O. Box 2497, M	idland, Texas 79702
DESCRIPTION OF WELL AND	LEASE   Well No.; Pool Name, Including Fo	ormation Kind of Lea	se L. Conse No.
Ballard GSAU Tract 3	3 Loco Hills, Gr	bg., San And. State, Fede	ral cr Fee Federal 028772D
Location Unit Letter G : 229	O Feet From The North Line	and 2000 Feet From	TheEast
7 -	wnship 18S Range	29E , NMPM,	Eddy County
Line of Section			
Nome of Authorized Transporter of Ot.		Addiese (Cine aggress to much app.	roved copy of this form is to be sent)
Texas-New Mexico Pipel	ine Company singnead Gas XX or Dry Gas	P.O. Box 60028, San At	roved copy of this form is to be sent) s Bldg., Bartlesville, OK
Phillips Petroleum			74004
If well produces oil or liquids, give location of tanks.	E 8 18S 29E	Yes	Dec. 1984
COMPLETION DATA	th that from any other lease or pool,	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.
Designate Type of Completi	on — (X)   Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded			Tubing Depth
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top 011/Gas Pay	
Periorations			Depth Casing Shoe
		CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEFINALI	Ported ID-3
			Ds. name che.
			the desired to prevent top allow
. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fier recovery of total volume of load of pth or be for full 24 hours)    Producing Method (Flow, pump, gas	il and must be equal to or exceed top allo-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, 20.	
Length of Test	Tubing Pressure	Cosing Pressure	Choke Size
Actual Pred. During Test	Cil-Bbis.	Water-Bbls.	Goa-MOF
GAS WELL		Bale, Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MOF/D	Length of Test		Chala Sina
Testing kisthod (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Freesewe (Shut-in)	Choke Size
. CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	VATION COMMISSION R 1985
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.		APPROVED Original Signed By	
		BYtes A. Clements	
		TITLE Supervisor District II	
Hole Krandas		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despense	
(Signature)		well, this form must be accompanied by a tabulation of the well in accordance with RULE 111.	
Sr. Administrative Specialist		All sections of this form must be filled out completely for allegable on new and recompleted walls.	
[JUL] 2 2 <u>1985</u>		Fill out only Sections I, II, III, and VI for changes of owner	
	)ute <b>)</b> 	Separate Forms C-104 n	met he filed for each pool in multipl