| STATE OF NEW MEXICO ENERGY and MINERALS DEPARTMENT |
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| OIL CONSERVATION DIVISION Permit 660-83 Variation P. O. BOX 2088 Variation P. O. BOX 2088 SANTA FE, NEW MEXICO 87501 Prevail 660-83 Prevail 660-83 SANTA FE, NEW MEXICO 87501 Prevail 660-83 Prevail 660-83 SANTA FE, NEW MEXICO 87501 Prevail 660-83 SANTA FE, NEW MEXICO 87501 Authorization |
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| Anadarko Petroleum Corporation. Address F. O. Drawer 130, Artesia, New Mexico 88210 Restan(s) for filing (Check proper box; New Veil Change in Transporter of: Diver Veil Change in Transporter of: Chenge in Ownorship Casingheed Gas Chenge of ownership give name Casingheed Gas and dideas of previous owner Condensate II. DESCRIPTION OF WELL AND LEASE Ease Mane Lease Mane Well No. Continental State 6 Turkey Track-SR-Qn-Gb-SA State. \$ |
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| Unit Letter 0 : 330 Feet From The South Line and 1650 Feet From The East Line of Section 9 Township 18S Range 29E , NMFM, Eddy County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Clic or Condensate Address (Give address to which approved copy of this form is to be sent) Navajo Refining Company P. O. Box 159, Artesia, New Mexico 88210 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) If well produces off or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When |
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| If well produces oil or liquids. Unit Sec. Twp. Rge. Is gas actually connected? When |
| If well produces oil of liquids, |
| |
| If this production is commingled with that from any other lease or pool, give commingling order number: |
| NOTE: Complete Parts IV and V on reverse side if necessary. |
| VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. BYOriginal Signed By |
| Les A. Clements |
| This form is to be filed in compliance with RULE 1104. |
| 1 1 sty to K 11 at 1/ / C |
| If this is a request for allowable for a newly drilled or despended |
| (Signature) Area Supervisor (Title) (Title) (Signature) Area Supervisor (Title) (Signatur |

(Date)

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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 multiply completed wells.