	Ho. of cories received DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL V OPERATOR PHORATION OFFICE Operator BHP Petroleum Company Addresa 1300 One First City Cer Recompletion Change in Ownership give name Mc	AUTHORIZATION TO TRAN RECEIVED BY MAY 21 1986 O. C. D. ARTESIA, OFFICE Inter, Midland, Texas 7970 Change in Transporter of: Oil Dry Gas Castinghead Gas Condens	OR ALLOWABLE AND ISPORT OIL AND N 01 01	IATURAL GA		
	and address of previous owner				·	
12.	DESCRIPTION OF WELL AND L Lease Name Albert Federal Com.	Well No. Pool Name, Including For 1 Dagger Draw Str		Kind of Lease State, Federal c	r Fee Federal NM 18959	
	Location .0 66	n south	1980		east	
	Unit Letter;Feet From TheLine ana restriction file 22 195 25E Eddy Courty					
	Line of Section 32 Town		, NMPM	,	County	
п.	DESIGNATION OF TRANSPORT	Condensate 44	Address forer address	to which approve	d copy of this form is to be sent)	
	The Permian Corporation The Vermian Corporation Care of Authorized Transporter of Casinghead Gas or Dry Gas ² , Address (Give address to which approved copy of this form is to be sent) Care of Authorized Transporter of Casinghead Gas or Dry Gas ² , Address (Give address to which approved copy of this form is to be sent) Care of Authorized Transporter of Casinghead Gas or Dry Gas ² , Address (Give address to which approved copy of this form is to be sent) Care of Authorized Transporter of Casinghead Gas or Dry Gas ² , Address (Give address to which approved copy of this form is to be sent)					
	Transwestern Pipeline	Company	Box 1188, Hosu Is gas actually connect			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. 0 32 195 25E	yes	l	3/18/77	
. 1. /	this production is commingled with that from any other lease or pool, give commingling order number:					
۷.	Designate Type of Completion	Chinen	New Well Workover	Deepen 1	Plug Back Same Res(v.) Diff. Res(v.)	
	Dute Spuddod	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	
					Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET			SACKS CEMENT		
	HOLE SIZE				Past ID-3	
					Chs DD	
ν	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to ar exceed top allow- able for this depth or be for full 24 hours)					
	OIL WELL Date First New Oil Frun To Tanks	Date of Tout	Producing Method (Fis	w, pump, eas lift	i, etc.)	
		Tubing Pressure	Casing Pressure		Choke Size	
	Longin of Test				Gas - MCF	
	Actual Fred. During Test	Oli-Bble.	Water-Bbls.			
	GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate/AM	CF	Gravity of Condensate	
			Casing Pressure (Shu	e-in l	Choko Size	
	Teating Mothod (pilot, back pr.)	Tubing Prosoure (filtut-in)				
/1	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
	I hereby certify that the rules and regulations of the Oil Conservation Conmission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED JUL 28 1986			
			BY Original Signed By Example: Les A. Clements			
			TITLESupervisor District II			
			This form is to be filed in compliance with RULE 1104.			
	Hi Bearers		If this is a request for allowable for a newly diffied of chepher well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
	(Signature)					
	D. E. Brown Manager Southwestern Region		All sections of this form must be filled out completely for know the on new and recompleted weils.			
	April 30, 1986			r in and Vi for changes of owned		
	· · · · · · · · · · · · · · · · · · ·	(Uale)		Fill out this bections 1, 11, 14, and such change of condition well name or number, or transporter, or other such change of condition		