	DISTRIBUTION ····································	NEW MEXICO OIL C REQUEST	ONSERVATION CON FOR ALLOWABLE AND	NON .	Form C +104 Supersedge Old C+106 and C+11 Effective 1+1+65
	U.S.G.S.	AUTHORIZATION TO TRA		TURAL GA	S ·
	IRANSPORTER OIL			RECE	
	GAS	•			·
1.	OPERATOR / PRORATION OFFICE Operator			FFR :	5 1980
	Anadarko Production Company				
	Address P. O. Box 67, Loco Hills, New Mexico 88255				
	Reason(s) Ter filing (Check proper box) Other (Please explain)				
	New Well	Change in Transporter of:	Change to	be effec	tive 3-1-80.
	Recompletion Change in Ownership	Oil X Dry Ge Casinghead Ges Canden		ansporter	- Navajo Refining Co. Pipeline Division
	If change of ownership give name				
	and address of previous owner				
11.	DESCRIPTION OF WELL AND LI	EASE		· •	
	Legse Name	Well No. Poel Name, Including Fe		ind of Lease	¢ 160
	Artesia State Unit Tr.	8 1 Artesia	D-13-5A	nate / 5/64 gt gli /c	B-11275
	Unit Letter D	Feet From TheNorth_Line	990	Foot From Th	West
		100			
	Line of Section 13 Term	ohip 18S Range	27E , NMPM,	E	ddy
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
	Name of Authorized Transporter of Oil	or Condensate			copy of this form is to between
	Basin, Inc. Name of Authorized Transporter of Casin	eheal Gas 🔄 or Dry Gas 🛄	Address (Give address to	BOX 229	7, Midland, Texas 79701
	None				
	I Well Froduces oil of Heuide, July 1	Date Sec. Twp. Rge, P 13 185 27E	is gas actually connected No	7 When	
	If this production is commingied with	and the second s			·
IV.	COMPLETION DATA				
	Designate Type of Completion	- (X) Oll Well Gae Well	New Well Workover	Deepen	Plug Back Some Sest
	Date Spudded	Date Compl. Roady to Prod.	Total Depth		P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.;]	Name of Producing Permetion	Top Oil/Gas Pay		Tubing Depth
	Perforatione		l		Depth Casing Shoe
		······································	CEMENTING RECORD		
	HOLESIZE	CASING & TURING SIZE	DEPTH SET		SACKS CEMENT
		· · · · · · · · · · · · · · · · · · ·			······································
			· ·		
V.	TEST DATA AND REQUEST FO	RALLOWABLE (Test must be a	her recovery of total volume	i of lood oil on	d must be equal to an encoder a structure
	OII. WELL able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) 0 = 1 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 +				
	Length of Test	Tubing Pressure	Casing Pressure	<u> </u>	Choke Size 1
		·			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Actual Prod. During Test	011 - Abis .	Water - Bble.		Ges-MCF
	۱ <u>ــــــــــــــــــــــــــــــــــــ</u>		L	l	- Way
	GAS WELL Actual Prod. Test-MCP/D	Length of Test			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Actual Prod. 1001-MCP/D	Menêtre di 1.001	Bbls. Condensate/h&dCF		Grevity of Condensate
	Testing Method (plant, back pr.)	Fabing Processes (Stanb-10.)	Casing Pressure (Shut-1	m)	Choke Size
VI.	CERTIFICATE OF COMPLIANCI	E			
	I hereby certify that the rules and regulations of the Oli Conservation		APPROVED	B 2 5 19	çu ,, 19
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		DY W	A.L	tresset
			SUPERVISOR, DISTRICT II		
	Clean Extuchles				mpliance with RULE 1104. ble for a newly drilled or despaned
	(Signeture)		well, this form must	be accompani	ed by a tabulation of the deviation
	Area Su	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner.			
	January				
		(Dete)			the other such change of condition.
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