DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
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Supersedes Old C-104 and C-11

- NEW MEXICO OIL CONSERVATION COMMISSION Poim C-104 REQUEST FOR ALLOWABLE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Anadarko Petroleum Corporation P. O. Box 2497 Midland, Texas 79702 Other (Picase explain) Reason(s) for liling (Check proper box) Change in Ownership Effective: New Well AUG CII Dry Cas 1 - 1985 Recompletion Condensate Casinghead Gas Change in Ownership X If change of ownership give name Anadarko Production Company, P. O. Box 2497, Midland, Texas 79702 and address of previous owner _ II. DESCRIPTION OF WELL AND LEASE LC No Kind of Lease ell No.; Pool Name, Including Formation State, Federal or Fee Federal 65447-A 3 Teas Yates Seven Rivers Teas Yates Unit Tr. East 1815 Feet From The North Line and Feet From The Unit Letter Lea 33E County 13 Township 20S Range , NMPM, Line of Section II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) None of Authorized Transporter of Oil X or Condensate P.O. Box 60028, San Angelo, TX 76906 Texas-New Mexico Pipeline Company Address (Give address to which approved copy of this form is to be sent)
10 W.W. Frank Phillips Bldg., Bartlesville, OK
74004 Name of Authorized Transporter of Casinghead Gas 🔯 or Dry Gas Phillips Petroleum Is gas actually connected? Sec. P.ge. Unit If well produces oil or liquids, give location of tanks. 20S 33E ! 14 Yes Н If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Plug Back | Same Res'v. Diff. Res'v. Oil Well Gas Well New Well Designate Type of Completion - (X) P.B.T.D. Date Spudded Date Compl. Ready to Prod. Total Depth Top Oll/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.; | Name of Producing Formation Death Casing Snoe Periorations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE V. 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 allowable for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tonks Choke Size Tubing Pressure Coston Pressure Length of Test Gas - MCF Water-Bbis. Cil-Bbis. Actual Pred. During Test GAS WELL Gravity of Condensate REIM. Condensate / MMCF Actual Frod. Teet-MCF/D Length of Test Choke Size Cosing Fressure (Shut-in) Tubing Pressure (Shut-in) Teating Nothed (pitot, tack pr.) OIL CANEGRY OT 1985 OMMISSION I. CERTIFICATE OF COMPLIANCE APPROVED_ 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. DHIGHNAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _ This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeper.ed

well, this form must be accompanied by a tabulation of the deviation tests taken on the wall in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted walls. Sr. Administrative Specialist (Title) 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. July 24, 1985 (Dute) Separate Forms C-104 must be filled for each pool in multiply