	DISTINUTION	REQUEST F	ONSERVATION COMMISS FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C+104 Superardes Old C-104 and C+11 Effective 1+1+65
1.	LAND OFFICE IRANSPORTER OIL GAS OPELATOR PROFATION OFFICE Cyterator			
	Anadarko Petroleum Corporation			
	P. O. Box 2497, Midland, Texas 79702 Other (Please explain)			
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership XX	Change in Transporter of: Cii Dry Gas Casinghead Gas Conden:		ship effective:
	If change of ownership give name and address of previous owner	Anadarko Production Comp	any, P. O. Box 2497, Mic	dland, Texas 79702
II.	DESCRIPTION OF WELL AND I	EASE	Frinction Kind of Lease	e Loase No.
	Lesse Name LMPSU Tract 3 2 Langlie-Mattix SR, Qn, Grbg State, Federal or Fee Fee -			
	Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North Line and 1980</u> Feet From The <u>East</u>			
	Line of Section 22 Tow	mship 22S Range 3	7Е , ММРМ, Lea	County
F 1 .	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Name of Authorized Transporter of Oil X or Condensate Shell Pipeline Company P. O. Box 1910, Midland, Texas 79701 Texas-New Mexico Pipeline Company P. O. Box 60028, San Angelo, Texas 76906 Yest of Contensate Company Address (Give address to which approved copy of this form is to be sent)			
	Texas-New Mexico Pipeline Company Nome of Authorized Transporter of Casingheod Gas [X] or Dry Gas Texaco Producing Inc.		P. O. Box 3000, Tulsa, Oklahoma 74102	
·	If well produces oil or liquida, give location of tanks.	Undt Sec. Twp. P.ge. G 22 22S 37E	yes .	
V.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA			
••	Designate Type of Completio	n – (X)		P.B.T.D.
	Date Spudded	Date Compl. Ready to Pros.	Total Depth	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Depth Casing Shoe
	Perforations			
	HOLESIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
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 [Preducing Method (Flow, pump, gas lift, etc.]			
	Date First New Cil Run To Tanks	Date of Test		Cheie Size
	Longth of Trai	Tubing Pressure	Casing Presewe	Gas-MCF
	Actual Fred. During Test	C11-Bbis.	Water-Bbls.	
	GAS WELL		0.0075	Gravity of Condensate
	Actual Fred, Test-MCF/D	Length of Test	Ebis. Condensate/MMCF	Choke Size
	Testing Method (pitot, back pr.)	Tubing Pressue (Shat-in)	Cosing Pressure (Shut-in)	
ił.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION AUG 2 1 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.		BY DISTRICT I SUPERVISOR	
			TITLE	
	(Signature)		This form is to be filed in wable for a newly drilled or deepere if this is a request for allowable for a newly drilled or deepere well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111. All soctions of this form must be filled out completely for allowable able on new and recompleted wells. 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 filled for each pool in multiple	
	Sr. Administrative Specialist (Tule) July 22, 1985 (Dule)			

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