an tir curies age	i ivep		
DISTRIBUTION			1
SANTA FE			
FILE			
U.\$.G.\$.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPELATOR			
PROPATION OFFICE			
Anadarko Pet	role	ım C	lorp
P. O. Box 24	97, N	iidl	and
Reason(s) for filing	Check p	ioper	box)

Poim C-104		
Superredes	01d C-104	and C-1

	SANTA FE	l l	T FOR ALLOWABLE	Supersedes Old C-104 and C-1		
	FILE		AND	Effective 1-1-65		
	U.S.G.S.	RANSPORT OIL AND NATURAL	_ GAS			
	LAND OFFICE					
	I RANSPORTER OIL					
	GAS			 -		
	OPELATOR					
1.	PROPATION OFFICE					
	C; erator					
	Anadarko Petroleum C	orporation				
	Address					
	P. O. Box 2497, Midl	and, Texas 79702				
	Keason(s) for filing (Check proper	box)	Other (Please explain)	and the self-reduced		
	New Well	Change in Transporter of:		ership effective:		
	Recompletion	CII Dry C	F 1 3∪6 1	198 5		
	Change in Ownership XX	Casinghead Gas Cond	lensate			
	If change of ownership give nam		D 0 D 2 2/07 W	Midland, Texas 79702		
	and address of previous owner	Anadarko Production Con	mpany, P. O. Box 2497, M	ildiand, lexas 79702		
11.	DESCRIPTION OF WELL AN	Vell No.; Pool Name, Including	Formation Kind of Le	Lease No.		
	Lease Name	7 . 1 . 3 . 3 . 4 . 4	ix SR, Qn, Grbg State, Fede	eral or Fee Fed 058626-A		
	LMPSU Tract 22	2 Langile-Matt				
	Location	000	1090	m The West		
	Unit Letter K : 1	980 Feet From The South L	ine and 1700 Feet / for	m The West		
	27	Township 22S Range	37E , NMPM, Le	a County		
	Line of Section 27	Township 22S Hange	37.5 , 1	· · · · · · · · · · · · · · · · · · ·		
	DEGLES ATION OF TRANSPO	RTER OF OIL AND NATURAL G	:AS			
11.	Name of Authorized Transporter of	Oil X or Condensate	I Address (live address to which 420	roved copy of this form is to be sent)		
	l Shall Pineline Compai	nν	P. O. Box 1910, Midla P. O. Box 60028, San	Angelo, Texas 76906		
	Texas-New Mexico Pipel Name of Authorized Transporter of	Casinghead Gas X or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)		
	Texaco Producing Inc		P. O. Box 3000, Tulsa	, Oklahoma 74102		
		Unit Sec. Twp. Ege.		ner.		
ĺ	If well produces oil or liquids, give location of tanks.	к 27 22S 37E	ves			
	! 					
	If this production is commingled COMPLETION DATA	with that from any other lease or pool	, give comminging order nemotive			
۲.		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Comple	tion $-(X)$	1 1 1	1 1		
ì	Date Spudded	Date Compl. Ready to Prog.	Total Depth	P.B.T.D.		
į	Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
				Depth Casing Shoe		
i	Perforations	Perforations Depth Cusing Show				
			OF SELECTION OF SECOND			
- [·		DEPTH SET	SACKS CEMENT		
Į	HOLE SIZE	CASING & TUBING SIZE	DEPIRSE	SAGRI CENEVI		
1						
Į		i		il de la base de la or exceed too alle		
	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of load of lepth or be for full 24 hours)	il and must be equal to or exceed top allow-		
,-	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
1	Determs. New Off Adm 10 fears					
-	Length of Test	Tubing Pressure	Casing Presews	Choke Size		
-	Caucin or	·				
-	Actual Fred, During Test	C11-Bb1s.	Water-Bbls.	Gos-MCF		
ſ,						
	GAS WELL					
٢	Actual Fred, Test-MCF/D	Length of Test	Bile. Condensate/MMSF	Gravity of Condensate		
				Choke Size		
Ī	Teating Method (pitot, back pr.)	Tubing Freesure (Shut-in)	Cosing Frees we (Shut-in)	Chore Sire		
_ 1. (CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION		
			AUG 2	ATION COMMISSION 1985		
1	hereby certify that the rules and	d regulations of the Oil Conservation	APPROVED	ded by resear asking.		
Commission have been complied with and that the information given above in true and complete to the best of my knowledge and belief.		BY DESCRIC	tisupervisor			
		3.5				
		TITLE				
		//	This form is to be filed in	compliance with RULE 1104.		
	(LAN.)	Drander	1	wable for a newly drilled or deepered		
_	15:1	nature)	11	anied by a tabulation of the deviation ordance with RULE, 111.		
		entivo Specialist	feate taxen on the west mi acc.	a he stilled out completely for allege		

(Signature) Sr. Administrative Specialist

(Title)

July 24, 1985 (Dute)

All sections of this form must be filled out completely for allowable 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 fited for each pool in multiffy consisted wells.