DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER GAS OPERATOR PROFITION OFFICE	REQUEST	CONSCRIVATION COMMISS. FOR ALLOWABLE AND ANSPORT OIL AND NATURAL (Poim C-104 Supersedes Old C-104 and C-11 Ellocitive 1-1-65
Anadarko Petroleum Com	poration		
Address			
P. O. Box 2497, Midlar	nd, Texas 79702 */	Other (Please explain)	
New Well	Change in Transporter of:	Change in owners	ship effective:
Recompletion Change in Ownership XX	CII Dry Go Casinghead Gas Conde		1985
If change of ownership give name and address of previous owner	Anadarko Production Com	pany, P. O. Box 2497, Mic	iland, Texas 79702
DESCRIPTION OF WELL AND	LEASE	ormation Kind of Lease	Lease No.
LMPSU Tract 30	1 Langlie-Matti		}
Unit Letter A : 3	30 Feet From The North Lir	ne and Feet From 1	rheEast
	ownship 22S Range	37E , NMPM. Lea	County
	TER OF OU AND NATURAL GA	15	
Name of Authorized Transporter of Co Shell Pipeline Company	TER OF OIL AND NATURAL GA	I harres (fine address to which apple)	d, Texas 79701
Neme of Authorized Transporter of Cit (X) or Condensate Shell Pipeline Company Texas—New Mexico Pipeline Company Nome of Authorized Transporter of Cit (X) or Condensate P. O. Box 1910, Midland, Texas 79701 P. O. Box 60028, San Angelo, Texas 76906 Address (Give andress to which approved copy of this form is to be sent)			
Texaco Producing Inc.		P. O. Box 3000, Tulsa,	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Fige. P 29 22S 37E	yes !	NA
	ith that from any other lease or pool,	give commingling order number:	
Designate Type of Completi	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top O!!/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11000 3120			
		<u> </u>	
	OR ALLOWABLE (Test must be a able for this de		
OIL, WELL Date First New Oil Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas lif.	i, etc.)
Length of Test	Tubing Pressure	Cosing Pressure	Choke Size
Actual Fred. During Test	Cil-Bble.	Water - Bbls.	Gos-MOF
GAS WELL			Gravity of Condensate
Actual Fred. Test-MCF/D	Length of Test	Bars. Condensate/MMCF	Glovily of Constitution
Teating Nothed (pitot, back pr.)	Tubing Freesure (Shut-in)	Cosing Pressure (Shut-in)	Choke Sixe
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		APPROVEDAUG 2 1 1985 19	
		BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	
		TITLE	
\mathcal{AO} , \mathcal{O}		This form is to be filed in compliance with RULE 1104.	

If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells. Sr. Administrative Specialist 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.

(Title) July 24, 1985

1.

I.

I.

Separate Forms C-104 must be filed for each pool in multiply completed wells.