	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PHOPATION OFFICE	REQUEST	ONSCRIVATION COMMISS FOR ALLOWABLE AND ANSPORT OIL AND NATURAL G	Poim C+104 Supersedes Old C+104 and C+11 Ellective 1-1-65
1.	Greater Anadarko Petroleum Corporation Address P. O. Box 2497, Midland, Texas 79702 Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Cit Dry Gas Change in Ownership [X] Casinghead Gas If change of ownership give name Anadarko Production Company, P. O. Box 2497, Midland, Texas 79702			
	DESCRIPTION OF WELL AND I Lease Name LMPSU Tract 15 Location Unit LetterI;20		ormation Kind of Leose K SR, Qn, Grbg State, Federal	Lease No.
	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Shell Pipeline Company <u>Texas-New Mexico Pipeli</u> Name of Authorized Transporter of Cas Texaco Producing Inc. If well produces oil or liquida, give location of tarks.	Image: Company ingnead Gas II or Dry Gas Unit Sec. I 22 22 22S 37E	Address (Give address to which approv P. O. Box 1910, Midland P. O. Box 60028, San An Address (Give address to which approv P. O. Box 3000, Tulsa, Is gas actually connected?	(, Texas 79701 Igelo, Texas 76906 ed copy of this form is to be sent) Oklahoma 74102
	If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, CR, etc.)	Oll Well Gas Well		Plug Back Same Res'v. Diff. Res'v.
	Perforations HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	Depth Casing Shoe SACKS CEMENT
Ī	TEST DATA AND REQUEST FO OIL WELL Date First New Cil Run To Tonks Length of Test Actual Fred. During Test	DR ALLOWABLE (Test must be a) able for this de Date of Test Tubing Pressure Cil-Bbis.	I (ter recovery of total volume of load oil a pth or be for full 24 hours) Freducing Method (Flow, pump, gas lift Casing Pressure Water-Bble.	ind must be equal to or exceed top allow- t, etc.) Choke Size Gas-MCF
	GAS WELL Actual Fred. Test-MCF/D Testing Method (pitot, back pr.)	Length of Test Tubing Presews(Shut-in)	Bbis, Condensale/MMCF Casing Pressure (Shut-in)	Grewity of Condensate Choke Size
I. CERTIFICATE OF COMPLIANCE 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 bellef. (Signature) Sr. Administrative Specialist (Title) July 23, 1985 (Dute)		OIL CONSERVATION COMMISSION APPROVED		