| 1.   | DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS  OPERATOR  PROPATION OFFICE  Operator  Anadarko Petroleum C  Address  P. O. Box 2497, Midl  Reason(s) for filing (Check proper box  New Well  Recompletion   | AUTHORIZAT ON TOOTS  AUG  O  ARIE  Corporation  and, Texas 79702 | ias []   | ership Effective:  |
|--|--|--|--|--|
|  | Change in Ownership X Casinghead Gas Condensate Aug 1 2985  If change of ownership give name and address of previous owner Anadarko Production Company, P. O. Box 2497, Midland, Texas 79702  DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Including Formation Lease State, Federal or Fee Federal 028936-D  Location |  |  |  |
| II.  |  | ine Company Inghead Gas or Dry Gas                               | AS  Address (Give address to which app P. O. Box 60028, San  Address (Give address to which app  | roved copy of this form is to be sent)                     |
| v.   | If well produces oil or liquids, give location of tanks.  If this production is commingled wit COMPLETION DATA  Designate Type of Completio  Date Spudded  Elevations (DF, RKB, RT, GR, etc.)  | P 29 17S 30E  th that from any other lease or pool,              | No   |  |
|  | Perforations  HOLE SIZE  | TUBING, CASING, AND<br>CASING & TUBING SIZE                      | D CEMENTING RECORD  DEPTH SET  | SACKS CEMENT  SACKS CEMENT  PAT ID-3  9-4-85  Cha Op Man 4 |
|  | 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)  Date First New Oil Bun To Tanks  Date of Test  Producing Method (Flow, pump, gas lift, etc.)   |  |  |  |
|  | Length of Test  Actual Prod. During Test   | Tubing Pressure Oil-Bbls.  | Casing Pressure Water-Bbis.  | Choke Size  Gas-MCF  |
|  | GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)  | Length of Test Tubing Pressure (Shut-in)                         | Bhis. Condensate/MMCF  Cosing Pressure (Shut-in)   | Gravity of Condensate  Choke Size                          |
| 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.  Senior Administrative Specialist  (Title)  July 24, 1985  (Date) |  |  | OIL CONSERVATION COMMISSION  AUG 29 1985  BY Original Signed By  Les A. Clements  TITLE  Supervisor District It  This form is to be filled in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despened 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.  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. |  |
|  |  |  | able on new and recompleted warra.   |  |