1.	DISTRIBUTION DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL V PROFATION OFFICE OPERATOR PROFATION OFFICE Operator Anadarko Petroleum C Address P. O. Box 2497 Reason(s) for filing (Check proper box, New Well Becompletion	REQUEST AUTHORIZATION TO TO RECEIVED 67 AUG 12 1985 O. C. D. ARTESIA, OFFICE Midland, Texas 79702	Other (Please explain) Change in Owners	ship Effective:
	DESCRIPTION OF WELL AND Lease Name Cowtown Unit	Casinghead Gas Conder Anadarko Production Comp LEASE Zell No. Pool Name, Including Fo 101 Artesia Queen	any, P. O. Box 2497, M	idland, Texas 79702
! 11 .	Line of Section 13 Tow DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil	Cr Condensate	28E , NMPM, Edd S Address (Give address to which app	y County roved copy of this form is to be sent)
	Navajo Refining Company Name of Authorized Transporter of Cas Phillips Petroleum If well produces oil or liquids, give location of tanks. If this production is commingled wit	Unit Sec. Twp. P.ge. K 13 188 28E	10 W.W. Frank Phillip Is gas actually connected? Yes	ia, N.M. 88210 roved copy of this form is to be sent) s Bldg., Bartlesville, Okl When 74004 August, 1964
(v .	COMPLETION DATA Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.)	n - (X) Date Compl. Ready to Prod. Name of Producing Formation	New Well Workover Deepen Total Depth Top O!l/Gas Pay	Plug Back 'Same Res'v. 'Diff. Res*v. P.B.T.D. Tubing Depth
	Periorations HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	Depth Casing Shoe SACKS CEMENT Posted ID-3 9-6-85 O.D. Mame Cha.
	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 allo able for this depth or be for full 24 hours) One for full 24 hours) Date First New Cil Bun To Tonks Date of Test Producing Method (Flow, pump, gas lift, etc.) I enclo of Test Tubing Pressure Casing Pressure			
	Longth of Toot Actual Pred. During Toot GAS WELL	CII-BELS.	Water - Bbis.	
	Actual Prod. Test-MCF/D Testing Method (pirot, back pr.)	Langth of Test Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF Casing Pressure (Shat-in)	Gravity of Condensate Choke Size
1	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 belief.		OIL CONSERVATION COMMISSION APPROVED AUG 26 1985 BY Original Signed By BY Les A. Clements TITLE Supervisor District II This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation testa 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 1. 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 multiply	