I	NO. DE COPIES ACCENTE				
	DISTRIBUTION SANTA FE		ONSERVATION COMMISSION	Form C+104 Supersedes Uld C+104 and C+111	
	FILE VV		AND	Effective 1-1-65	
	IRANSPORTER OIL V				
	OPERATOR V PROFATION OFFICE				
1.	Operator ARTESIA, OFFICE				
	Anadarko Petroleum Corporation Akitsia, Gries				
	P. O. Box 2497 Midland, Texas 79702 Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well	wwe!! Change in Transporter of: Change in Ownership Effective:			
	Recompletion Change in OwnershipX	Cil Dry Gas Casinghead Gas Conden		1985	
	If change of ownership give name Anadarko Production Company, P. O. Box 2497, Midland, Texas 79702				
	SCRIPTION OF WELL AND LEASE				
	Lease Name Cowtown Unit Trong	Well No. Pool Name, Including Fo 201 Artesia Queen			
Location M 330 First South Line and 330 Feet from The West				n The West	
	Unit Letter;	Unit Letter,, the task of the second sec			
	Line of Section 13 Tow DESIGNATION OF TRANSPORT		s		
II.	Nome of Authorized Transporter of Cil	Cr Condensate	Address (Give address to which app P. O. Box 159, Artesi	roved copy of this form is to be sent) a. N.M. 88210	
	Navajo Refining Company - Trans & Supply Nome of Authorized Transporter of Casinghead Gas X or Dry Gas		Address (Give address to which approved copy of this form is to be sent)		
	Phillips Petroleum If well produces oil or liquids, Unit Sec. Twp. F.ge.		10 W.W. Frank Phillips Bldg., Bartlesville, Okla Is gas actually connected? When 74004		
	give location of tarks. K 13 18S 28E Yes August, 1964		<u>August, 1964</u>		
IV.	If this production is commingled wit COMPLETION DATA	this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA			
	Designate Type of Completio				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
	Periorations				
		TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE			Poster ID-3 9-6-85	
		·		Op. nome cheg.	
			l	il and must be equal to or exceed top allow	
v.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) IL WELL   Producing Method (Flow, pump, gas lift, etc.)				
	Date First New Oil Run To Tanks			Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure		
	Actual Pred. During Test	Cil-Bbis.	Water - Bbls.	Gas-MCF	
	GAS WELL Actual Fred. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitol, back pr.)	Tubing Freesure (Shut-in)	Cosing Pressure (Shut-in)	Chcke Size	
VI.	CERTIFICATE OF COMPLIANC	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	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.		APPROVED Original Signed By		
			BYLes A. Clements		
			TITLE Supervisor District II		
	. Rol Roado		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended		
		(Signature)		well, this form must be accompanied by a tubulation of the devices the taken on the well in accordance with RULE 111.	
	Senior Administrative Specialist		All sections of this form must be filled out completely for allow- able on new and recompleted wells.		
	//0.5	(e)	Fill out only Sections 1, 11, 11, and the such change of condition well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiply recentered or lis.		
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