

FEB 5 1980

1.

Operator  
Anadarko Production Company

C. C. D.

~~ARTES~~

**Address**  
P. O. Box 67, Loco Hills, New Mexico 88255

Reason(s) for filing (Check proper box)

**New Wall** ☐

**Change in Transporter of:**

## Recompletion

Oil



### Dry Gas

**Change in Ownership** ☐

### Castinghead Gas

## Condensate

Other (Please explain)

Change to be effective 3-1-80.  
Former Transporter - Navajo Refining Co.  
Pipeline Division

**If change of ownership give name and address of previous owner \_\_\_\_\_**

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Cowtown Unit</b>	Well No. <b>401</b>	Pool Name, Including Formation <b>Artesia</b>	Kind of Lease State, <b>Florida</b>	<b>B-11276-2</b>
Location Unit Letter <b>D</b> ; <b>321.5</b> Feet From The <b>North</b> Line and <b>964.4</b> Feet From The <b>West</b> Line of Section <b>24</b> Township <b>18S</b> Range <b>28E</b> , NMPM, <b>Eddy</b>				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Basin, Inc.</b>					Address (Give address to which approved copy of this form is to be sent) <b>511 W. Ohio, P.O. Box 2297, Midland, Texas 79701</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>					Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 6666, Odessa, Texas 79760</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>K</b>	Sec. <b>13</b>	Twp. <b>18S</b>	Rge. <b>28E</b>	Is gas actually connected? <b>Yes</b>	When <b>August, 1964</b>

**If this production is commingled with that from any other lease or pool, give commingling order number:**

#### IV. COMPLETION DATA

COMPLETION DATA								
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

### V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or greater than that allowable for this depth or be for full 24 hours)

OIL WELL			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

Posted  
ID 3  
2-29-80  
LT 10 B

Posted  
ID 3  
2-29-80  
490 LT 10 BI

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

## VI. 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.**

Kerry E. Buckles  
(Signature)

Area Supervisor  
(Title)

January 18, 1980  
(Date)

OIL CONSERVATION COMMISSION  
FEB 25 1980

APPROVED FEB 20 1960 19 60  
BY W. A. Gressitt

**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 deepened 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 walls.

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.