Oklahoma Corporation Commission

Oil & Gas Conservation Division
Post Office Box 52000
Oklahoma City, Oklahoma 73152-2000
Rule 165: 10-3-25

1. API No.: 35093300920000
2. OTC Prod. Unit No.:
3. Date of Application: February 20, 2014

4. Application For (check one)

- X A. Commingled Completion in the Wellbore (165:10-3-39)
 - B. Commingled Completion at the Surface (165: 10-3-39)
 - C. Multiple (Dual) Completion (165: 10-3-36)
 - D. Downhole Multiple Choke Assembly (165: 10-3-37)

5. Operator Information

ANADARKO MINERALS II	IC		OTC/OCC No.	19904
100 N BDWY AVE STE 21	10			
OKLAHOMA CITY, OK 73	02-8834			
Phone	4052356664			
Fax	4052357150			
6. Lease Name/Well No.	SMITH-DENNING UNIT 1			
7 Location within Sec. (1	/4 1/4 1/4 1/4) C.SE.SW Sec. 3	4 Twn 23N Rge 10W	County MA.	IOR

8. The Following Facts are Submitted

Name of common source of supply		MANNING Top and bottom of pay section (perforati		ction (perforations)	ns) 6663 - 6683	
Type of production (oil or gas)			Method of production (flowing or art. lift)		art. lift	
Latest test data by zone (oil, gas, and water)		0/0/6	Wellhead or bottomhole pressure		150	
Spacing Order		Increased Density Loca		Location Ex	tion Exception	
Order Number	Unit Size	Order Number	Unit Size	Order Number	Unit Size	
			1	0.00		
	80	MISSISSIPPI	Top and bottom of pay se		7052 - 7336	
82649 Name of common source Type of production (oil o	of supply	MISSISSIPPI OilGas	Top and bottom of pay se	ction (perforations)	7052 - 7336 art. lift	
Name of common source	of supply			ction (perforations) wing or art. lift)		
Name of common source	of supply r gas) (oil, gas, and water)	OilGas .5/9/6	Method of production (flo	ction (perforations) wing or art. lift)	art. lift 150	
Name of common source Type of production (oil o Latest test data by zone (of supply r gas) (oil, gas, and water)	OilGas .5/9/6	Method of production (flo Wellhead or bottomhole p	ction (perforations) wing or art. lift) pressure	art. lift 150	

If 4A, 4B, or 4D above, and size of units under 8G above are not the same, have the different allocations been addressed? Yes

9. List all the operators with mailing addresses within 1/2 mile, producing from the above listed zones.

10. The operators listed above have been notified and furnished a copy of this application. If no, an affidavit of mailing must be	Yes	X No	
filed no later than five (5) days after submission of this application.			

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11. Classification of well (see OAC 165:10-13-2): Gas

12. Attach the Folowi

12171114011 1110 1 010111119.		
A. Correlation log section (porosity, resistivity, or gamma ra B. Diagrammatic sketch of the proposed completion of the v C. Plat showing the location of all wells within 1/2 mile prod D. If 4B, 4C, or 4D above, a Form 1024, Packer Setting Rep	well. ucing from the zones listed above.	
E. If 4A, 4B, or 4D above, and size of units under 8G above	e are not the same, have the different allocations been addressed	? Yes X No
I herby certify that I am authorized to submit this application true, correct, and complete to the best of my knowledge and	n which was prepared by me or under my supervision. The facts a d belief.	ınd proposals made herein are
Jennifer Privett	Regulatory Analyst	4052358558
Signature	Title	Phone (AC/NO)
		302

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