

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	1
PRORATION OFFICE	

**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
LAURETTA M. PHILLIPS

Address
P. O. Box 408, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner **N. Gordon Phillips** *Box 408 Artesia N.Mex.*

II. DESCRIPTION OF WELL AND LEASE

Lease Name Key's State	Well No. 3	Pool Name, including Formation Red Lake Grayburg San Andre	Kind of Lease State, Federal or Fee State	Lease No. B-2179
Location Unit Letter G ; 1650 Feet From The North Line and 1650 Feet From The East	Line of Section 9	Township 17	Range 28	County Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Oil Corp	Address (Give address which approved copy of this form is to be sent) Box 3119 P. O. Box 4 Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co	Address (Give address which approved copy of this form is to be sent) Box 666 Artesia, New Mexico 88210
If well produces oil or liquids, give location of tanks.	Unit 24H Sec. 9 Twp. 17 Rge. 28 Is gas actually condensed? Yes When 10/15/63

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover
Date Spudded	Date Compl. Ready to Prod.	Total Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		
Perforations				
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH		
		SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (e.g., pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

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

William C. Myers
(Signature)
Accountant
(Title)
5/22/68
(Date)

APPROVED
BY *W. J. Gressett*
TITLE _____

This form must be filed in compliance with RULE 1104. If this is a new well, this form must be accompanied by a tabulation of the deviation well in accordance with RULE 111. All sections on new wells must be filled out completely for allowable production. Fill out only one well name or number. Separate forms must be filed for each pool in multiple completion wells.

Sections I, II, III, and VI for changes of owner, transporter, or other such change of condition. Form C-104 must be filed for each pool in multiple completion wells.