Submit 5 Copies
Appropriate District Office
DISTRICT!
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico rgy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410)	anta re, New M							
I.	REQUEST F	OR ALLOWA! ANSPORT OIL							
Operator		11101 0111 01	2710 , 17.		Well	API No	1044400		
Phillips Petroleum	Company					30-025-			
	Odessa, Texas	79762							
Reason(s) for Filing 'Check proper box,		n Transporter of:	Out	iet Please expu	aux;				
Recompletion	Oil	Dry Gas —							
Change in Operator	Casinghead Gas X	Condensate							
change of operator give name ad address of previous operator		 <u></u>							
I. DESCRIPTION OF WELI					•				
Lease Name Sims	Well No. Pool Name, Including Formation 2 Blinebry					Kind of Lease Lease No State Mediatal XX Fee			
ocation	1000				- 7		West		
Unit LetterE	:1980	_ Feet From The $\frac{NC}{-}$	orth_La	e and66	F	et From The		Lne	
Section 24 Towns	hip 22-S	Range 37-E	, N	мрм,	Lea			County	
II. DESIGNATION OF TRA	NSPORTER OF C	II. AND NATE	RAL GAS						
iame of Authorized Transporter of Oil	- or Conde			e address to wi	uch approved	copy of thus f	orm is to be s	ent)	
Name of Authorized Transporter of Cast	nohead Gas	or Dry Gas	Address (Gu	address to wi	uch approved	come of the f	inem is to be t	ent i	
Name of Authorized Transporter of Case Phillips 66 Natl Ga		4001 Penbrook			Odessa, Tx				
if well produces oil or liquids, ive location of tanks.	UDFFE() FAME: F	Breary 1, 249 1225 37E	Ye:	y connected? S	When	; 1/ 18/90			
this production is commingled with the	t from any other lease or	pool, give comming	ing order num	ber:					
V. COMPLETION DATA	Oil Wel	1 Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v	
Designate Type of Completion	Date Compl. Ready to	o Bend	Total Depth	<u> </u>	<u></u>	1 2272	<u> </u>	<u> </u>	
ale Spudded	Date Compi. Ready	b riot.	тош Бери			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.,	Name of Producing F	Top Oil/Gas	Pay		Tubing Depth				
erforations			<u> </u>		···-	Depth Casin	ig Shoe		
	TURING	CASING AND	CEMENTI	NG RECOR	D.				
HOLE SIZE	TUBING, CASING AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET					SACKS CEMENT			
	-								
	 								
. TEST DATA AND REQUE IL WELL (Test must be after	ST FOR ALLOW recovery of total volume	ABLE of load oil and must	: be equal to or	exceed too allo	owable for thi	s depth or be j	for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Test	, , , , , , , , , , , , , , , , , , , 		ethod (Flow, pu				 -	
ength of Test	Tubing Pressure	Casing Proseure			Choke Size				
	Tooling Florida								
ctual Prod. During Test	Oil - Bbis.		Water - Bbis.			Gas- MCF			
GAS WELL			·	<u> </u>					
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF			Gravity of Condensate			
esting Method (puot, back pr.)	Tubing Pressure (Shu	t-in)	Casing Press	ure (Shut-is)		Choke Size		-	
			·						
L OPERATOR CERTIFIC I hereby certify that the rules and regre				OIL CON	ISERV.	ATION	DIVISIO	NC	
Division have been complied with an is true and complete to the best of my	d that the information giv								
La dres and complete to the peak of my	/ /		Date	Approve	d		- - ,		
1.61	suden.		∥ _{By_}	_				r _a tol	
	d.Acctg.Super		-, -						
Prized Name November 28, 1990	(915) 368-140	Title	Title						
Date		ephone No.							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I. II. III. and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.