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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos	Rd., Aziec, NM	87410
I.		

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRAN	SPORT OF	L AND N	ATURAL C	AS					
Operator	I. TO TRANSPORT OIL AND NA					Well API No.					
PHILLIPS PETROLE	PHILLIPS PETROLEUM COMPANY						30-025-31418				
Address								23 3141			
4001 Penbrook St	Ode	ssa, Te	xas 7976	2							
Reason(s) for Filing (Check proper box)			,3,0		her (Please exp	vlain)					
New Well		Change in T	ransporter of:	— То я	show gas	line or	nnectio	n date.	follow		
Recompletion	Oil	_ r	Ory Gas		rom C-1				IOTIOW		
Change in Operator	Casinghead	d Gas 🔲 C	Condensate	up .	.10411 0 10	75 11100	5/2//	۷.			
If change of operator give name and address of previous operator							•				
and address of bievious operator				·							
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name		Well No. P	ool Name, Includ	ing Formation		Kind	of Lease		Lease No.		
Ranger		17	West Ran	ger Lake	_(Devoni	an) State	POTABLE	¥ NM-F	E-906		
Location				.							
Unit Letter M	_ :66	0F	eet From The	West L	ne and 860) - =	eet From The	South	Line		
Section 26 Townsh	ip <u>12</u> -	<u>-s</u> r	ange 34-E	1,	MPM,	Lea			County		
III. DESIGNATION OF TRAN											
Name of Authorized Transporter of Oil		or Condensat	e X		ve address to w				terl)		
Phillips Petroleum Co					enbrook S				9762		
Name of Authorized Transporter of Casin	ghead Gas	Or	Dry Gas 🔯		ve address to w		copy of this	form is to be s	tent)		
GPM Gas Corporation	1.50				enbrook S	t., Od	essa, T	exas 79	9762		
If well produces oil or liquids, give location of tanks.	: :	-	vp. Rge.	is gas actual	y connected?	When	?				
	I M		2-s 34-e	<u> Y</u> ∈			6/8/9	2			
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or poo	al, give comming	ing order num	ber:				···		
IV. COMPLETION DATA		1			,	-,		<u>-</u>			
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		Ready to Pr	1	Total Damb	L		Ļ	<u> </u>			
opania	Date Comp.	. Keady to Fr		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Per	ducing Form		Top Oil/Gas	Day		ļ <u> </u>				
Lievedous (Dr., IND, NI, ON, Elc.)	Name of Fig	and the same	RLIQE	Top Old Cas Fay			Tubing Dep	Tubing Depth			
Perforations			• • • • • • • • • • • • • • • • • • • •					5 4 6 5			
							Depth Casin	18 700e			
	77	IDDIC C	A CINIC AND	CTL CLUM	NG PEGOR	<u> </u>	<u> </u>				
HOLE SIZE				CEMENTING RECORD			т				
TIOLE SIZE	CASING & TUBING SIZE		DEPTH SET				SACKS CEMENT				
	 					·	 				
							ļ		<u></u>		
. TEST DATA AND REQUES	T FOR AL	LOWAB	LE			 	<u> </u>				
OIL WELL (Test must be after re				be equal to or	exceed too allo	owable for this	denth or he	for full 24 hou	<i>(</i> (1)		
Date First New Oil Run To Tank	Date of Test				thod (Flow, pu			,0,,0,,0,,,00	-5.,		
					, .,	7.0 . 7.					
ength of Test	Tubing Press	ure		Casing Press	ire		Choke Size				
			į	_					Ì		
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
	-										
GAS WELL							<u> </u>				
Actual Prod. Test - MCF/D	Length of Te	<u> </u>		Bbls. Conden	ente AAMCE		Gravity of C	'and an ann			
		-		Dota. Conden	BRIES IATIAICI.		Chavity of C	Ondensite			
esting Method (pitot, back pr.)	Tubing Press	ure (Shut-in)		Casing Press.	ne (Shistain)		Choke Size	Choke Size			
				,				ļ			
L OPERATOR CERTIFICA	ATE OF	COLOR I	ANICE				1				
					DIL CON	SERV	MOITA	חועופוכ	M		
I hereby certify that the rules and regular Division have been complied with and the				,			VI IOIV	DIVIOIC	714		
is true and complete to the best of my ki			~~~				4.5				
				Date	Approve		ا ما الماليان	<u> </u>			
XM Markler				ns	Signed b	Z					
Signature			By Paul Kautz Geologist								
L. M. Sanders St	upv. Reg	. & Pro	<u>. </u>		U	e0108 186					
Printed Name		Titl	· .	Title							
_6/11/92	9	15/368-		''							
Date		Telephos	k 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.