NO. OF COPIES REC	. 17 E U	l	
DISTRIBUTION			
SANTA FE			
FILE			
U.\$.G.\$.			
, LAND OFFICE			
TRANSPORTER	OIL		
	GAS	L	
OPERATOR			

9-6-74

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Phillips Petroleum Comp	any		
Phillips Building, Cdes			
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain) Change of name f	rom Wyatt Phillips to Wya
New Well Recompletion	Oil Dry Gas		ective 8-19-74.
Change in Ownership	Casinghead Gas Condens	sate	
If change of ownership give name and address of previous owner	E. D. Spears, Box 1589,	Hobbs, New Mexico 882	40
DESCRIPTION OF WELL AND	Well No. Pool Name, including For		I I
Wyatt Fodorel "A"	12 Maljarar (G-S	A)	1 \$\frac{1}{2} \frac{1}{2} \fr
Unit Letter C; 66	Feet From The North Line	and 1980 Feet From	The West
Line of Section 33 Tov	waship 17-S Range 3	3-E , NMPM,	Lea County
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S Address (Give address to which appro	ved copy of this form is to be sent)
Name of Authorized Transporter of CH Texas-New Mexico Pipel:	ine Company	Box 1510, Midland, Address (Give address to which appro	Texas 7970l
Name of Authorized Transporter of Case Phillips Petroleum Com	pany	Phillips Building,	Odessa, Texas 79761
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. E 33 17-S 33-E	Is gas actually connected? Wh Yes	9-25-61
If this production is commingled with COMPLETION DATA	th that from any other lease or pool, a	give commingling order number:	
Designate Type of Completic		New Well Workover Deepen	Plug Back Same Restr. Ditt. Restv.
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	
	TURING CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af able for this de	fier recovery of total volume of load oi pth or be for full 24 hours)	l and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	ist, etc.)
Length of Tost	Tubing Pressure	Casing Pressure	Choke Size
			Gas-MOF
Actual Prod. During Test	Cil-Bble.	Water - Bbls.	0.00
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-ia)	Casing Pressure (Shut-in)	Choke Size
. CERTIFICATE OF COMPLIAN	<u> </u>	OIL CONSERVATION COMMISSION	
		ions of the Oil Conservation d that the information given Orig. Signed by	
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.		Orig. Signed by Jee D. Ramey	
		Dist I. Snow	
_	1	TITLE This form is to be filed in compliance with RULE 1104.	
SIN A	~ 5		mable for a newly drilled or deepene
, ,	nature)	well, this form must be accomp tests taken on the well in acc	
Production Clerical Su		All sections of this form to	nust be filled out completely for allow
(7	itle)	able on new and recompleted	wells.

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.

well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.