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

State of New Mexico argy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

Salita 1 c, 1 to w McAles 5

•	REQ					BLE AND						
I.		TOTR	ANSI	<u>POR</u>	T OIL	AND NA	TURAL G					
Operator								Well	API No.			
Phillips Petroleum Com	pany				<u>-</u>				30-025-	01422		
Address												
4001 Penbrook St., Odes	ssa, TX	79762	<u>. </u>									
Reason(s) for Filing (Check proper box)						Oth	ет (Piease expl	zin)				
New Well		Change in	1	-	of:							
Recompletion	Oil	<u>_</u>	Dry									
Change in Operator X	Casinghe	ad Gas	Cond	ensate		EFFE	ECTIVE:	7/10/92	2			
If change of operator give name and address of previous operator <u>ARCI</u>	o 0il a	nd Gas	Col	mpan	у , Р	0. Box	1610, N	lidland.	TX 797	02		
II. DESCRIPTION OF WELL	AND LE	ASE		-	•							
Lease Name	Well No. Pool Name, Includi				ing Formation Kind (of Lease No.				
State F TG	1 Vacuum Gra				syburg San Andres State,			Federal or Fee B-2229				
Location			1,4			7.542.5						
Unit LetterF	_ :	1980	_ Feet	From 7	The	N Line	e and19	980 F	eet From The	M	Line	
Section 36 Townshi	n 17 S	South	Rang	e	33 E	ast N	MPM,			Lea	County	
	F				·		***************************************		*****		County	
III. DESIGNATION OF TRAN	SPORTE			ND N	IATU		·					
Name of Authorized Transporter of Oil		or Conde	asate]	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, TX 79702						
Texas New Mexico Pipeline Co.						Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas or Dry Gas CPM Gas Corporation						4044 Pe	enbrook,	Odessa	TX 79762			
If well produces oil or liquids, give location of tanks.	Unait (Sec.	Twp.		Rge.	Is gas actually connected? When						
If this and estimate the second solution is the second	G	36 17S 33E							ch 19, 1955			
If this production is commingled with that in IV. COMPLETION DATA	nom any ou	ner lease or	poot, g	give ca	cusumgi	ing order munic	xer:					
IV. COMPLETION DATA	 	100.111.00						· -				
Designate Type of Completion	- (X)	Oil Well	!	Gas V	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod			Total Depth	<u></u>	<u> </u>	 DD TD	<u> </u>		
Dan Openson	Duit Com	pi. Nosay u	,,,,,,,,						P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations						·			Depth Casing Shoe			
	7	TUBING,	CAS	ING	AND	CEMENTI	NG RECOR	D	·			
HOLE SIZE							DEPTH SET		SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLI	3								
OIL WELL (Test must be after re	ecovery of w	stal volume	of load	i oil an	nd must	be equal to or	exceed top allo	wable for thi	depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	£				Producing Me	thod (Flow, pu	mp, gas lift, e	uc.)			
Length of Test	ressure				Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbis.					Water - Bbls.			Gas- MCF			
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate			
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			0.2.1., 0.				
Testing Method (pitot, back pr.)								Choke Size				
						-						
VI. OPERATOR CERTIFICA	ATE OF	COMP	TIA	NCE	;							
I hereby certify that the rules and regula				IICL	•		DIL CON	SERV	ATION I	DIVISIO	NC	
Division have been complied with and t				ve								
is true and complete to the best of my k				-		Data	Annecia	4	JUL 29	92' (
						Date Approved						
XM (A)	m Os	in				_						
Signature	400					By_	ORIGINA	L SIGNED	BY JERRY	SEXTON		
L. M. Sanders Super	visor,	Regu.		ro.					SUPERVISO			
Printed Name 7/23/92	(015)	368-14	Title			Title.						
11 431 74	ヽフエンノ	JUGTL	100			i i i i i i i i i i i i i i i i i i i						

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.

Telephone No.

- 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.