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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE RECEIPT
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUN 28 1972

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

O. C. C.
ARTESIA, OFFICE

Operator <u>Phillips Petroleum Company</u>	
Address <u>P. O. Box 650, Artesia, New Mexico 87010</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Dark Production Company, 2229 Alameda Road, Dallas, Texas 75204

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Angelito</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Dark 22' Brown-Crystalline</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>97015</u>
Location Unit Letter <u>I</u> <u>650</u> Feet From The <u>I</u> Line and <u>0.021</u> Feet From The <u>10</u> Line of Section <u>21</u> Township <u>19N</u> Range <u>15W</u> , NMPM, <u>15N</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1104, Houston, Texas 77001</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Phillips Petroleum Company, Odessa, Tex. 79760</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>21</u>	Twp. <u>19</u>	Rge. <u>20</u>
Is gas actually connected?		When <u>March 1963</u>		

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

Oil Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Paul Goodson
(Signature)

2004, ACCORDING TO THE
(Title)

1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 7 1972, 19

BY W. A. Gressett

TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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. Separate Forms C-104 must be filed for each pool in multiply