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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**REQUEST FOR ALLOWABLE**  
**AND**  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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

**I. OPERATOR**

Operator PHILLIPS PETROLEUM COMPANY

Address 4001 Penbrook Street, Odessa, Texas 79762

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain) <u>Order No. 5871 Change of lease name because of Unitization. Formerly: Phillips - Santa Fe # 22</u>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Phillips Petroleum Co., 4001 Penbrook St., Odessa, Texas 79762

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>East Vacuum GB-SA</u>	Well No. <u>022</u>	Tract Name, including Formation <u>Vacuum GB-SA</u>	Kind of Lease <u>XXXXXXXXXX</u>	Lease No. <u>B-1608</u>
Unit Tract No. <u>2631</u>			State, <u>XXXXXXXXXX</u>	
Location				
Unit Letter <u>L</u>	<u>660</u>	Feet From The <u>West</u>	Line and <u>1980</u>	Feet From The <u>South</u>
Line of Section <u>26</u>	Township <u>17S</u>	Range <u>35E</u>	NMPM,	Lea County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas-New Mexico Pipe Line</u>	<u>P.O. Box 2528, Hobbs, N.M. 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Company</u>	<u>4001 Penbrook St., Odessa, Texas 79762</u>
If well produces oil or liquids, give location of tanks.	Unit <u>F</u> Sec. <u>26</u> Twp. <u>17S</u> Rge. <u>35E</u>
Is gas actually connected? <u>Yes</u>	When <u>12-1-78</u>

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
Perforations				Depth Casing Shoe				
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (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)

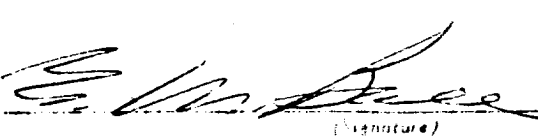
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

**GAS WELL**

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

**VI. CERTIFICATE OF COMPLIANCE**

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.

  
 \_\_\_\_\_  
 PRODUCTION CLERICAL SUPERVISOR  
 (Title)  
 12-12-78  
 (Date)

**OIL CONSERVATION COMMISSION**

**DEC 19 1978**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Jerry Sexton  
 Dist. 1, Supv.

TITLE \_\_\_\_\_

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 completed wells.