STATE OF NEW MEXICO SY AND MINERALS DEPARTMENT DISTRIBUTION IANTA FE LAND DFFICE SAANSPORTER DIL

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

Form C-104 Revised 10-1-78 RECEIVED BY JAN 051984 O. C. D.

All sections of this form must be filled out completely for alloable on new and recompleted wells.

Fill out only Sections 1, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditi

Separate Forms C-104 must be filed for each pool in multi-

OIL V	ARTESIA, OFFICE	المسمسية	
AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GAS		
PROBATION OFFICE			
Operator			
Phillips Petrol um lompany			
Address			
4001 Penbrook, des la Texas 79762	Other (Please explain)		
Reason(s) for filing (Check Tope Total	To blog (Check Tope You)		
New Well Dry (Effective: 12/01/83		
Recompletion Casinghead Gas Cond	lensate		
	_ 707(0		
If change of ownership gi e na e Phillips Oil Company,	4001 Penbrook, Odessa, Texas 79762		
and address of previous o /ner		- No	
DESCRIPTION OF WE LA ID LEASE Well No. Pool Name, Including	Formation Kind of Lease	Lease No.	
Legge Name	State, Federal Todoral	<u>NM_14847</u>	
Green-B Fed 9 South Empire			
G 2310 Feet From The East	Line and 1980 Feet From The North		
Unit Letter	_ 11	County	
19 T. mahte 17-S Range	29-E , мрм , Eddy		
Line of Section			
DESIGNATION OF TR NSI ORTER OF OIL AND NATURAL	GAS Address (Give address to which approved copy of this form	is to be sent)	
None of Authorized Transf rier	Nort Morriso	88210	
Navajo Crude Oil Purchasing Company Costopher Gas Or Dry Gas V	Address (Give address to which approved	113 10 00 0000	
Name of Authorized Transp Her County	P. O. Box 2472 Odessa, Texas 79760		
Transwestern Pipeline Company	is gas actually connected?		
If well produces oil or liquids.	E Yes July 27, 1979		
give location of tanks. If this production is commingle i with that from any other lease or po	ool, give commingling order number:		
If this production is commingle i with the room any	New Well Workover Deepen Plug Back Same	e Res'v. Dill. Res'v.	
. COMPLETION DATA OII Well Gas Wel		<u> </u>	
Designate Type of Completion - (X)	Total Depth P.B.T.D.		
Date Spudded	m V Dagth		
Name of Producing Formation	Top Oil/Gas Pay Tubing Depth		
Elevations (DF, RKB, RT, ;R, e =. j	Depth Casing Sho	00	
Perforations	TOTAL PECORD		
		S CEMENT	
HOLE SIZE CASING & TUBING SIZE			
		en as arceed top allow	
TOP STIOWARIE Test must	t be after recovery of total volume of load oil and must be equal	10 0/ 411042 15/	
V. TEST DATA AND RECUEET 1 Sale for the	his depth or be for full 24 hours) Producing Mathod (Flow, pump, gas lift, etc.)		
OIL WELL Date First New Oil Run To Tank Date of Test		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Casing Pressure Choke Size	ratio 84	
Length of Teet Tubing Pressure	Gas-MCF	elg Op	
Oil - Bhis.	Water-Bbis.	V	
Actual Prod. During Test Oil-Bhis.			
			
	Bbls. Condensate/MMCF Gravity of Cond	densate	
GAS WELL Actual Prod. Test-MCF/L Length of Test	Bhis. Condensate, Manuel		
}	Casing Pressure (Shut-in) Choke Size		
Testing Method (puot, box pr.) Tubing Pressure (Shut-in)			
	OIL CONSERVATION DIVISION	NC	
I. CERTIFICATE OF CUIPL ANCE	IAN 0 5 1984	. 19	
	APPROVED JAN 0 100		
I hereby certify that the sless and regulations of the Oil Conservation of the Division have been consisted with and that the information gives the best of my knowledge and better the best of my knowledge and better the best of my knowledge and better the best of my knowledge.	en Original Signed by	Original Signed By	
Division have been con find with and that the information as above is true and comp to t the best of my knowledge and be	Supervisor District !!	Supervisor District !!	
		th PULE 1104.	
	This form is to be filed in compliance with this is a request for allowable for a new part to accompanied by a tabu	wly drilled or despen	
J. B. Rush	If this is a request for allowable for a new well, this form must be accompanied by a tabu	lation of the deviat	
Signature)	well, this form must be accompanied by a table well, this form must be accompanied by a table well in accordance with Not tests taken on the well in accordance with Not tests taken on the form must be filled out	at completely for all	
,	Il and the form must be inted of	· ·	

Signature) Production Records Supervisor

(Title)

(Dute)

December 15, 1983