

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-110
 Effective 1-1-65

RECEIVED

JUN 8 1966

O. C. C.
ARTESIA, OFFICE

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LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
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Operator Phillips Petroleum Company
 Address Phillips Petroleum Company
P. O. Box 1979, Roswell, New Mexico 80201
 Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership Change in Transporter of: Oil Gas Casinghead Gas Dry Gas Condensate Other (Please explain) Change in lease area and well from State ID #1 to Culwin (New Unit, Well #8, effective 6-1-66)

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE
 Lease Name Culwin Queen Unit Lease No. 8 Well No. Shugart, T. Sr., O.G. Kind of Lease State
 Location Unit Letter 7 Feet From The South Line and 600 Feet From The West
 Line of Section 36 Township 13-S Range 26-E, NMPM, Deer County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate Phillips Petroleum Company Address P. O. Box 1979, Roswell, New Mexico
 Name of Authorized Transporter of Casinghead Gas or Dry Gas Phillips Petroleum Company Address Phillips Petroleum Company, Dallas, Texas
 If well produces oil or liquids, give location of tanks. Yes 36 124 302 yes 6-1-66

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

COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Restv.	<input type="checkbox"/> Diff. 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			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

[Signature]
 (Signature)
[Title]
 (Title)
[Date]
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY [Signature]

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.