

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
BAHIA RE	/
FILE	/
U.S.G.S.	
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-101
Supersedes Old C-101 and C-102
Effective 1-1-65

RECEIVED

FEB 22 1978

Operator PHILLIPS PETROLEUM COMPANY ✓		O. C. C. ARTERIA, OFFICE
Address Phillips Bldg., Odessa, Texas 79761		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐	To show gas connected 2-21-78
Recompletion ☐	Oil ☐ Dry Gas ☐	
Change in Ownership ☐	Casinghead Gas ☒ Condensate ☐	
If change of ownership give name and address of previous owner		

Lease Name Shugart	Well No. 1	Pool Name, including Formation Shugart-Yates-7R-Queen-Cb	Kind of Lease State/Federal/FFF/	Lease No. NM 28790
Location Unit Letter A ; 660 Feet From The north Line and 330 Feet From The east Line of Section 33 Township 18-S Range 31-E , NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Phillips Petroleum Company-Trucks		Address (Give address to which approved copy of this form is to be sent) Room 101, Phillips Bldg., Odessa, Tx. 79761		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum Company		Address (Give address to which approved copy of this form is to be sent) Room 101, Phillips Bldg., Oddssa, Tx. 79761		
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 33	Twp. 18S	Pge. 31-E
		Is gas actually connected? Yes		When 2-21-78

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Drill Res.
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						

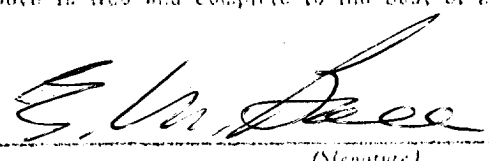
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE 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/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (inches-in.)	Casing Pressure (inches-in.)	Choke Size

CERTIFICATE OF COMPLIANCE

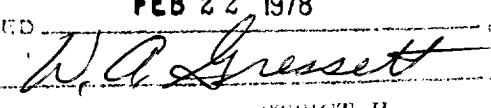
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

 E. M. Ball
(Signature)
Production Clerical Supervisor
(Title)
February 21, 1978
(Date)

OIL CONSERVATION COMMISSION

FEB 22 1978

APPROVED _____

BY  _____

TITLE SUPERVISOR, DISTRICT II

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 pressure tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for allowable on new and re-completed wells.

Fill out only Location I, II, III, and IV for change of name, well number, or transporter, or other such change of condition.