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INSTRUCTIONS oppositions

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This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

		INDICAT	E FORMA	TION TOPS IN	CONFORMANCE	WITH	GEQĢŖ.	APHICAL SI	ECTION	OF STATE
•		Sou	theastern N	lew Mexico	1. X		•	Northwe	stem N	ew Mexico
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4960	7690	2730	Lime, Shale, Sand				
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DISTRIBUTION SANTA FE / FILE /- U.S.G.S. LAND OFFICE TRANSPORTER OIL / GAS OPERATOR 2 I. PRORATION OFFICE Operator Phillips Petroleus Address Phillips Building		CONSERVATION COMMISSION T FOR ALLOWABLE AND	Form C-104
FILE /- U.S.G.S. LAND OFFICE IRANSPORTER OIL OPERATOR Q I. PRORATION OFFICE Operator Q Address Address		AND	
U.S.G.S. LAND OFFICE I RANSPORTER OPERATOR OPERATOR I. PRORATION OFFICE Operator Phillips Petroleum Address			Supersedes Old C-104 and C-1
LAND OFFICE I RANSPORTER OIL / GAS OPERATOR 2 I. PRORATION OFFICE Operator Phillips Petroleum Address	AUTHORIZATION TO T		Effective 1-1-65
I RANSPORTER OIL / GAS OPERATOR 2 I. PRORATION OFFICE Operator Phillips Petroleus		CANSPORT OIL AND NATURA	L GAS
I RANSPORTER GAS OPERATOR Q I. PRORATION OFFICE Operator Phillips Petroleus			
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Address		· · · · · · · · · · · · · · · · · · ·	
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PRILLIDS DULIGINE.	Deen D.G. Odenes Herres		· · · · · · · · · · · · · · · · · · ·
	MODE D-2, ORSEA, 19288		
Reason(s) for filing (Greck proper b	ox)	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry	Gas	
Change in Ownership	Casinghead Gas Cond	lensate	
If change of ownership give name and address of previous owner			
	1 4 1	~1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
I. DESCRIPTION OF WELL AN		- Itan R-33.	
Lease Name James ¹¹ Å ¹¹	Well No. Pool Name, Including		deral or Fee State B271
J 2005 "A"	A HILLOUD	State, Fe	deral or Fee Seave Art
Location	06 east	665	south
Unit Letter			com The
2	223	305	Eddy
	Township Range	, NMPM,	County
·			
. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL O	AS	
Name of Authorized Transporter of The Permisen Corpor	Dil Condensate C	Address (Give address to which a	pproved copy of this form is to be sent)
Name of Authorized Transporter of	Casinghead Gas 🔄 or Dry Gas 🦳	Address (Give address to which ap	oproved copy of this form is to be sent)
If well produces oil or liquids,		Is gas actually connected?	Whe (Under study)
give location of tanks.			
If this production is commingled	with that from any other lease or poo	1, give commingling order number:	
· COMPLETION DATA			·····
Designed Trees of Comple	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Designate Type of Comple	i		
Date Souddad	Date Compl. Beady to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil Cas Bay	Tubing Depth
Perfor 12154'-12166'			Depth Casing Shoe
	TUBING, CASING, A	ND CEMENTING RECORD	······
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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26"	10.0/00		
26" 17-1/2" 0.7/#"	13-3/8" 9. K/A	3657	3100
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26" 17-1/2" 9-7/\$" 	13-3/8" 7-5/8" 5-1/2" liner	12202 11682 - 1457	2320
	FOR ALLOWABLE (Test must be	1202 11082 - 1457 after recovery of total volume of load	2320
26" 17-1/2" 9-7/6" 	FOR ALLOWABLE (Test must be able for this	12202 11062 - 1457 after recovery of total volume of load depth or be for full 24 hours)	2329 O 360 oil and must be equal to or exceed top allou
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