						· •			c/4	r	
Submit 5 Copies Appropriate District Office DISTRICT I	Energy, Minerals and Na				New Mexico atural Resources Department			Revise	Form C-104 Revised 1-1-89 See Instructions		
P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	ОП	CONS	ATION DIVISION			(V = 9 19) O. C. D.	2 at Bot	tom of Page	q		
DISTRICT III		Santa Fe,		Aexico 875	04-2088	A9,		(F			
1000 Rio Brazos Rd., Aztec, NM 87410					AUTHORIZ						
I. Operator		7	DRT OI	L AND NA	TURAL GA		API No.				
Phillips Petroleu	m Company	V	<u></u>			30	-015-26	5031			
4001 Penbrook Str	<u>eet, Odes</u>	sa, Te	xas	79762							
Reason(s) for Filing (Check proper box) New Well	Chang	e in Transpor	nter of:		er (Please expla Efective	•	10-12	0.2			
Change in Operator	Oil Casinghead Gas	Dry Gas	_	ц.		- uale	10-13-	. 72			
If change of operator give name and address of previous operator										í	
II. DESCRIPTION OF WELL			•								
Lease Name James A	Weil 1 6		•	ling Formation ake (Del	laware)		of Lease References		271		
Location	1090					·······	······································				
Unit LetterI	: 1980			South Lin	and <u>660</u>	/ Fe	et From The _	Last	Line		
Section 2 Townshi	<u>19 22-5</u>	Range	30-	- <u>E</u> , N	MPM,		Eddy	· · · · · · · ·	County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OIL AND) NATU		e address to whi	ch annaud	come of this for	un is to be a			
Phillips Petroleur	LAJ m Company	(Truc		P 0	Box 79	91. Mi	dland	TX 7	9702		
Name of Authonized Transporter of Casing Llano, Inc.	ghead Gas 👘 🗔 🗙	Gas 📉 or Dry Gas 🧰			Address (Give address to which approve			ed copy of this form is to be sent) bbs. NM 88240			
if well produces oil or liquids, ive location of tanks.	Unit Sec.	Тwр. 22-S	Rge . 30-	Is gas actually		When	?				
f this production is commingled with that i							6-30	-09	•		
V. COMPLETION DATA		Vell Ga	ns Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion Date Spudded	- (X) Date Compi. Read	y to Prod.		Total Depth	i i		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay							
Perforations							Tubing Depth				
							Depth Casing	Shoe			
HOLE SIZE				CEMENTING RECORD							
		CASING & TUBING SIZE			DEPTH SET						
<u></u>			·	· · ·						_	
. TEST DATA AND REQUES	T FOR ALLO	WABLE			· · · · · · · · · · · · · · · · · · ·						
IL WELL (Test must be after re Date First New Oil Run To Tank	ecovery of total volu		and must					full 24 hou	75.)		
·	Date of Test			Producing Me	thod (Flow, pum	p, gas igt, et	ic.)				
ength of Test	Tubing Pressure	bing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	jil - Bbis.			Water - Bbis.			Gas- MCF			
GAS WELL	<u></u>						<u> </u>				
Actual Prod. Test - MCF/D	Length of Test	ength of Test		Bbis. Condensate/MMCF			Gravity of Condensate			-	
esting Method (pitot, back pr.)	Tubing Pressure (S	g Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
L OPERATOR CERTIFICA	ATEOECON	PT TANK		<u>ار ا</u>							
I hereby certify that the rules and regular Division have been complied with and the	tions of the Oil Con	ervation		C	IL CONS	SERVA	TION D	IVISIC			
Division have been complied with and the is true and complete to the best of my king the second seco				Date	Approved	NON	/ 2 3 199	2			
A.M.Man	nlen_			<u> </u>							
Signature	upv., Reg	. Affa:	irs	Ву			GNED BY-		<u></u>	_	
Signature	upv., Reg	. Affa: Title 368-14		By Title_	MIKE	WILLIA				_	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.