

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Phillips Petroleum Company
Address 4001 Penbrook, Odessa, Texas 79762

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	Effective Date 1-1-86
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Caspianhead Gas	<input type="checkbox"/> Condensate		
<input type="checkbox"/> Change in Ownership				

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Eilliams</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Corbin Abo</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM 801</u>
Location				
Unit Letter <u>E</u>	<u>2308</u>	Feet From The <u>North</u> Line and <u>660</u>	Feet From The <u>West</u>	
Line of Section <u>34</u>	Township <u>17-S</u>	Range <u>33-E</u>	<u>NMPM</u>	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas New Mexico Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1510, Midland, Texas 79701</u>
Name of Authorized Transporter of Caspianhead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Natural Gas Company/GPM Gas Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, Texas 79762</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgn. Is gas actually connected? When
	<u>H 33 17S 33E Yes 1-23-61</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Ken Johnson
(Signature)
Production Records Supervisor
(Title)
January 24, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 19 1986, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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.

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