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LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

NEW-MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE

Form O-104  
Supersedes Old O-104 and  
Effective 1-1-67.

INFORMATION ON TO TRANSPORT OIL AND NATURAL GAS

Operator: **PHILLIPS PETROLEUM COMPANY**

Address: **4001 Penbrook Street, Odessa, Texas 79762**

Reasons for filing (Check proper box):  
 New Well  Recombination  Change in Ownership  Change in Transporter of  Oil  Gas  Other (Please explain): **Order No. 5871 Change of lease name because of Unitization. Formerly: Atlantic Richfield State C DE #1**

If change of ownership give name and address of previous owner: **Atlantic Richfield Co., P. O. Box 1610, Midland, Texas 79702**

II. DESCRIPTION OF WELL AND LEASE

Lease name: **East Vacuum 25-31** Kind of Lease: **Leasehold** Well No.: **001** Unit Tract No.: **2418** State: **TEXAS** Lease No.: **B-1404**

Location: Unit Letter: **P** Section: **660** Township: **South** Range: **990** East from the: **East**

Line of Section: **24** Township: **17S** Range: **34E** County: **Lea**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: **Texas-New Mexico Pipe Line** Address: **P.O. Box 2528, Hobbs, N.M. 38240**

Name of Authorized Transporter of Gas: **Phillips Petroleum Company** Address: **4001 Penbrook St., Odessa, Texas 79762**

If well produces oil or fluids, give location of tanks: **P 24 17S 34E** Wells actually connected? **Yes** When: **12-1-78**

IV. COMPLETION DATA

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

Date Spudded: **12-1-78** Date Ready to Produce: **12-1-78** Total Depth: **P.B.T.D.**

Elevations (DF, RAB, RI, 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

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil flow rate for this month 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:  Water-Cuts:  Gas-MCF:

GAS WELL

Actual Prod. Test-MCF/D:  Length of Test:  BHG, Condensate, MMCF:  Gravity of Condensate:

Testing Method (pilot, back prod):  Tubing Pressure (Shut-in):  Casing Pressure (Shut-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.

*[Signature]*  
PRODUCTION CLERICAL SUPERVISOR  
12-11-78

OIL CONSERVATION COMMISSION  
**DEC 19 1978**

APPROVED: **Jerry Sexton**, 19  
BY: **Dist 1, Supv.**

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 deviated tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowance 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 O-104 must be filed for each pool in multiply completed wells.