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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED BY
JAN 3 1985
O. C. D.
ARTESIA, OFFICE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Phillips Oil Company

Address
4001 Penbrook, Odessa, Texas 79762

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
Change in Lease Name from State "M"

If change of ownership give name and address of previous owner
Aminoil Inc., 8000 E. Maplewood Ave., Englewood, Colorado 80111

II. DESCRIPTION OF WELL AND LEASE

Lease Name State M-AI	Well No. 2	Pool Name, including Formation Empire Abo	Kind of Lease State, Federal or Fee State	Lease No. E-7179
Location Unit Letter M ; 949.5 Feet From The South Line and 990 Feet From The West Line of Section 6 Township 18 South Range 28 East, NMPM, Eddy 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"/> Amoco Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) 2300 Continental National Bank Building Ft. Worth, Texas 76102			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Amoco Production Co.	Address (Give address to which approved copy of this form is to be sent) Same as above			
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 6	Twp. 18S	Rge. 28E
	Is gas actually connected? Yes		When 10/26/80	

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

IV. COMPLETION DATA

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

V. 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

*Post ID 3
1-11-84
Chg DP &
Well Name*

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.

Neil Maddux
(Signature)
Controller
(Title)
12-28-1984

OIL CONSERVATION COMMISSION
APPROVED JAN 07 1984, 19
Original Signed By
BY Mike Williams
TITLE Oil & Gas Inspector

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.