NO. OF COPIES RECEIVED					
DISTRIBUTION	NE	EW MEXICO OIL CONSE	PVATION COMMISSION	N Form C-104	
SANTA FE /	- NE	REQUEST FOR		Supersedes Old C-104 and G	
FILE /-		AN		Effective 1-1-65	
U.S.G.S.	ALITHOR17	ZATION TO TRANSP	_	IRAL GAS	
LAND OFFICE	AUTHORIZ	ATION TO TRANSI	SKT OIL AND WITO	717.12 O/10	
OIL /			£ .		
TRANSPORTER			:	RECEIVED	
OPERATOR 2			`	K C O E : V = E	
PRORATION OFFICE	—				
Operator				AUG 2 0 1965	
· ·	and Wigzell	nd Wigzell			
Address				o. c. c.	
P. O. B	<u> </u>	dland, Texas		ARTESIA, OFFICE	
Reason(s) for filing (Check proper	box)		Other (Please expla	in)	
New Well	Change in Tra	nsporter of:			
Recompletion	Oil	Dry Gas			
Change in Ownership	Casinghead Go	as Condensate			
and address of previous owner_		stle and H. B	race Wigzell,	Box 868, Midland, Texa	
DESCRIPTION OF WELL A	ND LEASE	Well No. Pool Name, In	cluding Formation	Box 868, Midland, Texa Kind of Lease State, Federal or Fee State	
DESCRIPTION OF WELL A) Lease Name N. G. Phillips - Location	ND LEASE State	Well No. Pool Name, In 4 Artesi	cluding Formation	Kind of Lease State, Federal or Fee State	
DESCRIPTION OF WELL A) Lease Name N. G. Phillips - Location	ND LEASE State	Well No. Pool Name, In	cluding Formation	Kind of Lease	
DESCRIPTION OF WELL A) Lease Name N. G. Phillips - Location Unit Letter 1	ND LEASE State 550 Feet From Th	Well No. Pool Name, In 4 Artesi he South Line and	cluding Formation a - Grayburg 330 Fee	Kind of Lease State, Federal or Fee State et From The	
. DESCRIPTION OF WELL A) Lease Name N. G. Phillips - Location Unit Letter : 1	ND LEASE State	Well No. Pool Name, In 4 Artesi he South Line and	cluding Formation a - Grayburg 330 Fee	Kind of Lease State, Federal or Fee State et From The	
. DESCRIPTION OF WELL A) Lease Name N. G. Phillips - Location Unit Letter 1; Line of Section 27	State State 650 Feet From The Trownship 17 S	Well No. Pool Name, In 4 Artesi he South Line and Range 28	cluding Formation a - Grayburg 330 Fee	Kind of Lease State, Federal or Fee State et From The	
DESCRIPTION OF WELL A) Lease Name N. G. Phillips - Location Unit Letter 1; Line of Section 27	State State 650 Feet From The Township Township ORTER OF OIL AN	Well No. Pool Name, In 4 Artesi he South Line and Range 28	eluding Formation a - Grayburg 330 Fee B , NMPM,	Kind of Lease State, Federal or Fee State et From The	
DESCRIPTION OF WELL A) Lease Name N. G. Phillips - Location Unit Letter 1; Line of Section 27 DESIGNATION OF TRANSP Name of Authorized Transporter of	State State 550 Feet From The Township Township ORTER OF OIL AN foil or Conde	Well No. Pool Name, In 4 Artesi he South Range 28 ID NATURAL GAS ensate	330 Fee B , NMPM, ress (Give address to white)	Kind of Lease State, Federal or Fee State et From The East Eddy Councide approved copy of this form is to be sent)	
DESCRIPTION OF WELL A) Lease Name N. G. Phillips - Location Unit Letter 1; Line of Section 27 DESIGNATION OF TRANSP Name of Authorized Transporter of	State State 550 Feet From The Township Township ORTER OF OIL AN foil or Conde	Well No. Pool Name, In 4 Artesi he South Range 28 ID NATURAL GAS ensate	330 Fee , NMPM,	Kind of Lease State, Federal or Fee State et From The East Eddy Coun	
And address of previous owner. I. DESCRIPTION OF WELL A Lease Name N. G. Phillips - Location Unit Letter; Line of Section 27 I. DESIGNATION OF TRANSP	State State 550 Feet From The Township 17 S ORTER OF OIL AN foil or Conde Line Co. f Casinghead Gas	Well No. Pool Name, In Artesian Artesian Artesian Artesian Add Por Dry Gas Add B	B , NMPM, ress (Give address to white the season of the s	Kind of Lease State, Federal or Fee State et From The Esst Eddy Coun ich approved copy of this form is to be sent) Artesia, New Mexico ich approved copy of this form is to be sent) Oklahoma	
DESCRIPTION OF WELL A Lease Name N. G. Phillips Location Unit Letter Line of Section DESIGNATION OF TRANSP Name of Authorized Transporter of Continental Pipe Name of Authorized Transporter of Phillips Petrols	State State 550 Feet From The Trownship 17 S ORTER OF OIL AN foil or Conde Line Co. f Casinghead Gas tum Company Unit Sec.	Well No. Pool Name, In Artesi he South Line and Range 28 D NATURAL GAS ensate Add P or Dry Gas Add B Twp. Rge. Is g	B , NMPM, ress (Give address to white actually connected?	Kind of Lease State, Federal or Fee State et From The East Eddy Coun ich approved copy of this form is to be sent) Artesia, New Mexico ich approved copy of this form is to be sent) Oklahomet When	
DESCRIPTION OF WELL AND Lease Name of Authorized Transporter of Author	State State 550 Feet From The Township 17 S ORTER OF OIL AN foil or Conde Line Co. of Casinghead Gas Laure Company	Well No. Pool Name, In Artesi he South Line and Range 28 D NATURAL GAS ensate	B , NMPM, ress (Give address to white the season of the s	Kind of Lease State, Federal or Fee State et From The Esst Eddy Coun ich approved copy of this form is to be sent) Artesia, New Mexico ich approved copy of this form is to be sent) Oklahoma	
DESCRIPTION OF WELL A Lease Name N. G. Phillips Location Unit Letter Line of Section DESIGNATION OF TRANSP Name of Authorized Transporter of Continental Pipe Name of Authorized Transporter of Phillips Petrole If well produces oil or liquids, give location of tarks.	State State State State State Feet From The Trownship Township Townsh	Well No. Pool Name, In 4 Artesi he South Range 28 ID NATURAL GAS ensate Add P or Dry Gas Add B Twp. Rge. Is g	B , NMPM, ress (Give address to white O. Box 410, ress (Give address to white artlesville, ress actually connected?	Kind of Lease State, Federal or Fee State et From The East Eddy Councider approved copy of this form is to be sent) Artesia, New Mexico ich approved copy of this form is to be sent) Oklahomet When 1.4-61	
I. DESCRIPTION OF WELL A) Lease Name N. G. Phillips Location Unit Letter Line of Section 7 I. DESIGNATION OF TRANSP Name of Authorized Transporter of Continental Pipe Name of Authorized Transporter of Phillips Petrole If well produces oil or liquids, give location of tanks. If this production is commingled	State State State State State Feet From The Trownship Township 17 S ORTER OF OIL AN or Conde Line Co. f Casinghead Gas Unit Sec.	Well No. Pool Name, In 4 Artesi he South Range 28 D NATURAL GAS ersate Add P or Dry Gas Add B Twp. Rge. Is g 173 286 ther lease or pool, give	330 Fee B , NMPM, ress (Give address to whith O BOX 410, ress (Give address to whith artlesville, res actually connected? Yes commingling order numbers	Kind of Lease State, Federal or Fee State et From The East Eddy Councider Approved copy of this form is to be sent) Artesia, New Mexico ich approved copy of this form is to be sent) Oklahome When 14-61 ber: IC-156	
Line of Section I. DESCRIPTION OF WELL A) Location Unit Letter Line of Section I. DESIGNATION OF TRANSP Name of Authorized Transporter of Continental Pipe Name of Authorized Transporter of Phillips Petrole If well produces oil or liquids, give location of tanks. If this production is commingled	State State State State State Feet From The Trownship Township 17 S ORTER OF OIL AN or Conde Line Co. f Casinghead Gas Unit Sec. J 27 d with that from any ot	Well No. Pool Name, In 4 Artesi he South Range 28 ID NATURAL GAS ensate Add P or Dry Gas Add B Twp. Rge. Is g 175 286 ther lease or pool, give	330 Fee B , NMPM, ress (Give address to whith O. Box 410, ress (Give address to whith artlesville, ress actually connected? Yes commingling order number	Kind of Lease State, Federal or Fee State et From The East Eddy Councider approved copy of this form is to be sent) Artesia, New Mexico ich approved copy of this form is to be sent) Oklahomet When 1.4-61	
I. DESCRIPTION OF WELL A) Lease Name N. G. Phillips Location Unit Letter Line of Section 7 I. DESIGNATION OF TRANSP Name of Authorized Transporter of Continental Pips Name of Authorized Transporter of Phillips Petrols If well produces oil or liquids, give location of tanks. If this production is commingled. V. COMPLETION DATA	State State State State State State Feet From The Trownship Township 17 S ORTER OF OIL AN or Conde Line Co. f Casinghead Gas aum Company Unit Sec. J 27 d with that from any ot	Well No. Pool Name, In Artesi he South Line and Range 28 D NATURAL GAS ensate Add P or Dry Gas Add B Twp. Rge. Is g 173 286 ther lease or pool, give	330 Fee B , NMPM, ress (Give address to whith O BOX 410, ress (Give address to whith artlesville, res actually connected? Yes commingling order numbers	Kind of Lease State, Federal or Fee State et From The East Eddy Councider Approved copy of this form is to be sent) Artesia, New Mexico ich approved copy of this form is to be sent) Oklahome When 14-61 ber: IC-156	

Name of Producing Formation

CASING & TUBING SIZE

Grayburg

5/8= 5091 50 10" 8 365 20801 5 ខ្ព 2026 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choice Size Casina Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test

TUBING, CASING, AND CEMENTING RECORD

Top Oil/Gas Pay

20561

DEPTH SET

	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
-			<u> </u>	

VI. CERTIFICATE OF COMPLIANCE

Artesia

20561 - 641

HOLE SIZE

Perforations

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.

Production Superintendent

August 11, 1965

OIL CONSERVATION COMMISSION

Tubing Depth

Depth Casing Shoe

2026

2081

SACKS CEMENT

APPROVED	AUG 2 3 1965	, 19
	Drustrong	
	L ADD DAS ISTRUTA	
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 Sections I, II, III, and VI only 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.