NC 1.	STATE OF NEW MEALU FIGY AND MINERALS DEPARTMENT		X 2088 MEXICO 87501	Form C-104 Revised 10-12-70 RECEIVED JUN 2 ± 1993 O. C. D. ARTESIA, OFFICE						
	Phillips Oil Company Address P. O. Box 128 Loco Hills, New Mexico 88255 Reason(s) for filing (Check proper box) New Well Change in Transporter ol: Other (Please explain) New Well Other Other (Please explain) Recompletion Other Other (Please explain) Change in Ownership X Change of ownership X Other (Please explain) If change of ownership give name Other (Please explain) Other (Please explain) If change of ownership give name Other (Please explain) Other (Please explain) If change of ownership give name General American Oil Co. of Texas P.O. Box 128 Loco Hills, N.M. 88255									
	DESCRIPTION OF WELL AND I Lease Name O'Neill Fed Location Unit Letter I : 1980	EASE Well No. Pool Name, Including Fo 1 West Henshaw ,	$\mathcal{G}_{-} \mathcal{G}_{-} \mathcal{S}_{-} \mathcal{F}_{-} \mathcal$	The East						
11.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cas Phillips Petroleum Compa If well produces off or liquids, give location of tanks.	inchead Gas X or Dry Gas	Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Phillips Building Odessa, Texas 79762 Is gas octually connected? Yes January 2, 1982							
v.	If this production is commingled with COMPLETION DATA Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, CR, etc.)	Oil Well Gas Well	give commingling order number:	Plug Back Same Restv. Diff. Restv. 						
	Perforations HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	Depth Casing Shoe SACKS CEMENT						
• • • • •	TEST DATA AND REQUEST FO OIL WELL Date First New OII Run To Tonks Length of Test Actual Prod. During Test	OR ALLOWABLE (Test must be aj able for this de Date of Test Tubing Pressure Oll-Bhis.	fter recovery of total volume of load oil pth or be for full 24 hours) Producing Method (Flow, pump, gas h Casing Pressure Water-Bbls.	i and must be equal to or exceed top allow ift, etc.) Choke Size Cas-MCF Cas-MCF Cas-MCF Cas-MCF Cas-MCF Cas-MCF Cas-MCF Cas-MCF Cas-MCF						
	GAS WELL Actual Frod. Test-MCF/D Testing Method (puot, back pr.)	Length of Test Tubing Pressure (shnt-in)	Bbis. Condensate/MMCF Cosing Pressure (Shut-in)	Gravity of Condentest						
	CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oli Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		DIL CONSERVATION DIVISION APPROVED JUN 2 8 1983 , 19 Original Signed By							
-	Lendell <u>M.</u> <u>M.</u> Lendell N. Hawkins ^{(Signal} Field Superintendent (Tub April 11, 1983 (Dou	•)	This form is to be filed in compliance with FULE 1104. If this is a request for sllowable for a newly drilled or despense well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with HULE 111. All sections of this form must be filled out completely for allow sble on new and recompleted walls. Fill out only Sections 1. 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 filled for each pool in multiple							

Separate Forms	C-104	mu#l	£i∎	flled	for	est	n hour	In	41111
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