| NE   | THEY MEXICU THE   |  |  | form C-104<br>Revised 10-1-78  |  |
|--|---|--|--|--|--|
|  | this things tion  | OIL CONSERV/                                 | ATION DIVISION R   | ECEIVED  |  |
|  | SANTA FE  |  | V MEXICO 87501   |  |  |
|  | U.S.O.S.  | •  | · JUN  | 2 4 1983   |  |
|  | LAND OFFICE   |  | R ALLOWABLE . O  | . C. D.  |  |
|  | DETRATOR  | AUTHORIZATION TO TRANSF                      | ND<br>PORT OIL AND NATURAL GASRIES   |  |  |
| 1.   | PRODUCTION OFFICE   |  |  |  |  |
|  | Phillips Oil Company  |  |  |  |  |
|  | P. O. Box 128 Lo  | P. O. Box 128 Loco Hills, New Mexico 88255   |  |  |  |
|  | Reason(s) for liling (Check proper box)  Other (Please explain)   |  |  |  |  |
|  | New Well  | Change in Transporter of:  Cal Dry Ga        | . Change in Lease N  | ame  |  |
|  | Recompletion Change in Ownership X  | Casingheod Gas Conder                        | McIntura F   |  |  |
|  | If change of ownership give name of   | 3 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6      | of Towns D.O. Poy 120 Lo   | co Hills, N.M. 88255   |  |
|  | If change of ownership give name Gi and address of previous ownerGi   | eneral American Uil Co. (                    | OT TEXAS P.U. BUX 120 LU   | СО ПТТ5, М.М. 00233  |  |
| II. DESCRIPTION OF WELL AND LEASE    Lease Name   Bell No.   Pool Name, Including Formation Grayburg -   Kind of Lease   |   |  |  | Lease No.  |  |
|  | GOV McIntyre-1 Fed 2 Grayburg-Jackson San Andres State, Federal of Fee Federal LC-060   |  |  |  |  |
| Unit Letter J: 1980 Feet From The South Line and 1980 Feet From The East   |   |  |  | Fact   |  |
|  |   |  |  | h• Last  |  |
|  | Line of Section 17 T.   | mahip 17-South Range 31                      | O-East , NMPM, Eddy  | County   |  |
| N. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   |   |  |  |  |  |
| 1.   | Name of Authorized Transporter of CII   | or Condensate                                | Address (Give address to which approv  |  |  |
|  | Navajo Refining Company Name of Authorized Transporter of Cas   | — Pipeline Division  Inghed Gas X or Dry Gas | P.O. Box 159 Artesia, Address (Give address to which approx  | red copy of this form is to be sent)   |  |
|  | Phillips Petroleum Comp   | any  | Phillips Building Odes   |  |  |
|  | If well produces oil or liquids, give location of tanks.  | Unit Sec. Twp. Rge.                          | Yes J  | uly 25, 1972   |  |
| If this production is commingled with that from any other lease or pool, give commingling order number:  |   |  |  |  |  |
|  | COMPLETION DATA   | Oil Well Gas Well                            | New Well Workover Deepen   | Plug Back   Same Res'v. Diff. Res'v.   |  |
|  | Designate Type of Completio   |  | <u> </u>   | P.B.T.D.   |  |
|  | Date Spudded  | Date Compl. Ready to Prod.                   | Total Depth  | F.D.1.U.   |  |
|  | Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation                  | Top Otl/Gas Pay  | Tubing Depth   |  |
|  | Perforations  |  |  | Depth Casing Shoe  |  |
| TUBING, CASING, AND CEMENTING R  |   |  | A CENTURE DECARD   |  |  |
|  | HOLE SIZE   | CASING & TUBING SIZE                         | DEPTH SET  | SACKS CEMENT   |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  | i de la constant de l |  |
| V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  (Test must be after recovery of total volume of load oil and must be able for this depth or be for full 24 hours) |   |  |  |  |  |
|  | Date First New Oil Run To Tanks   | Date of Test                                 | Producing Method (Flow, pump, gas lif  | i, etc.)   |  |
|  | Length of Test  | Tubing Pressure                              | Casing Pressure  | Choke Size   |  |
|  |   | Oil-Bhia.                                    | Water-Bbls.  | Gas-MCF X D  |  |
|  | Actual Prod. During Test  | On Date.                                     |  | 1 Oby Phila  |  |
|  | A y Del of  |  |  | A y Day of   |  |
|  | Actual Prod. Test-MCF/D   | Length of Test                               | Bbis. Condensate/MMCF  | Gravity of Condendate  |  |
|  | Testing Method (pirot, back pr.)  | Tubing Procewe (Shut-in)                     | Coming Pressure (Shut-in)  | Choke Sixe   |  |
|  | Lesting Method (pitot, back pr-)  |  |  |  |  |
| 1.   | CERTIFICATE OF COMPLIANCE   |  | OIL CONSERVATION DIVISION  |  |  |
|  | I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Lendell N. Hawkins (Signature)  Field Superintendent  (Title) |  | APPROVED JUN 2 8 1983 . 19   |  |  |
|  |   |  | Original Signed By BYLestie A. Clements  |  |  |
|  |   |  | Supervisor District II TITLE   |  |  |
|  |   |  | This form is to be filed in compliance with RULE 1104.  If this is a request for sllowable for a newly drilled or despensivell, 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 sllowable on new and recompleted wells.  Fill out only Sections I. II. III. and VI for changes of owner than the filled out the form of conditions. |  |  |
| _  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  | april 11, 1983  | (¢)  | wall name or number, or transporter, or trans-   |  |  |
| ,  |   |  | Sepreste Forms C-104 must be filed for such pool in multiple   |  |  |