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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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

I. Operator
Phillips Petroleum Company
Address
Room 711, Phillips Bldg., Odessa, Texas 79761

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Davis-N	Well No. 3	Pool Name, including Formation Undesignated San Andres	Kind of Lease State, Federal or Fee NM0174830	Lease No.
Location Unit Letter C ; 660 Feet From The north Line and 1980 Feet From The west				
Line of Section 18 Township 8-S Range 33-E , NMPM, Chaves 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"/> Mobil Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, Texas 75221			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 300, Tulsa, Oklahoma 74102			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 18	Twp. 8-S	Rge. 33-E
	In gas actually connected? Yes		When 2-21-76	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spaced 2-5-76	Date Compl. Ready to Prod. 2-19-76		Total Depth 4540		P.B.T.D. 4503			
Elevations (DF, RKB, RT, GR, etc.) 4430 GR., 4438' RKB	Name of Producing Formation San Andres		Top Oil/Gas Pay 3530		Tubing Depth 4157			
Perforations 4240-56', 4262-66', 4274-84', 4289-94'						Depth Casing Shoe 4540		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		400' (400 sx Class H w/2% CaCl2 & # Celloflake)		300 sx			
7-7/8"	4-1/2"		4540' (300 sx TRLW w/10% neat) (Temp survey TOC at 2675')		DD, 7# salt/sx Class H			

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)

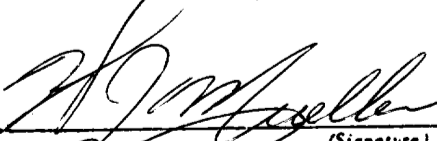
Date First New Oil Run To Tanks 2-21-76	Date of Test 2-27-76	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 110	Water-Bbls. 2	Gas-MCF 44

GAS WELL

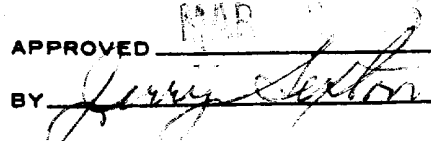
Actual Prod. Test-MCF/D -	Length of Test -	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr.) -	Tubing Pressure (shut-in) -	Casing Pressure (shut-in) -	Choke Size -

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.


W. J. Mueller
(Signature)
Engineering Advisor
(Title)
3-2-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
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 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 C-104 must be filed for each pool in multiply completed wells.

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MAKE SIZE

COMM: 11.28

STATE OF NEW MEXICO

INCLINATION REPORT

ONE COPY MUST BE FILED WITH EACH COMPLETION REPORT.

Field Name Undesignated San Andres County Chaves
Operator Phillips Petroleum Company Address Rm 711, Phillips City Odessa, TX
Lease Name Davis-N Well No. 3 Bldg. 79761
Location Unit C, 660 feet from the north line and 1980 feet from west line of Section 18, Township 8-S, Range 33-E

RECORD OF INCLINATION

Table with 4 columns: Depth (Feet), Angle of Inclination (Degrees), Depth (Feet), Angle of Inclination (Degrees). Data points include depths from 400 to 4540 feet and angles such as 3/4, 1-1/4, 1, 3/4, 1/2.

I hereby certify that I have personal knowledge of the data and facts placed on this form and that such information given above is true and complete.

Signature of W. J. Mueller, Engineering Advisor, dated 19th day of February.

Sworn and Subscribed to before me, this the 19th day of February, 1976.

Signature of Dorothy V. Anderson, Notary Public in and for Ector County, Texas.

My Commission Expires 6-1-77

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COMMUNICATIONS COMM.