STATE OF NEW MEXICO		-	Form C- Revised	104	
ICAGY AND MINERALS DEPARTMENT					
DISTRIBUTION	P. O. BO SANTA FE, NEW				
PIL8					
LAND OFFICE	REQUEST FOR	ALLOWAB LE ND			
	AUTHORIZATION TO TRANSF		GAS		
Phillips Oil Compa					
Address					
4001 Penbrook. (Reason(s) for filing (Check proper box)	Other (Please expl))		
New Well	Change in Transporter of: Oil Dry Ga	• _			
Change in Ownership XX	Casingheod Gas Conden				
If change of ownership give name and address of previous owner	Phillips Petro	oleum Company, Ode	ssa, T _e xas 79762		
L DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo		of Lease	Legee No.	
Lease Name	7 Ranger Lake		, Federal or Fee State	E-906	
Location I. 198		640	et From The West		
Unit Letter;;			Lea	County	
Line of Section	mahip 12-5 Range	34-е , мирм,	Dca		
i. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Asdiess (Give address to wh 2300 Continental	ich approved copy of this form i National Bank Build	ing	
I -t Uomth Mos			76102. ich approved copy of this form i		
Name of Authorized Transporter of Ca NONE			When		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. N 23 12-S 34-E	Is gas actually connected?	1		
If this production is commingled wi	th that from any other lease or pool,			Dill Beely	
Designate Type of Completi	on - (X)	New Well Workover D	eepen Plug Back Same F	les'v. Diff. Ros'v.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations			Depth Casing Shoe		
	TUBING, CASING, AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS C		
			i		
. TEST DATA AND REQUEST F	'OR ALLOWABLE (Test must be a able for this d	epth or be for juli 24 hours)	f load oil and must be equal to a	or exceed top allow	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	mp, gas lijt, etc.)		
Length of Test	Tubing Preseure	Casing Pressure	Choke Size		
Actual Prod. During Test	Cil-Bhis.	Water-Bbls.	Gas - MCF		
		<u></u>		· <u> </u>	
GAS WELL	Length of Test	Bbis. Condensate/MMCF	Gravity of Condena	ale	
	Tubing Presews (Shut-in)	Casing Pressure (Shut-in) Choze Size		
Testing Method (pilot, back pr.)					
L CERTIFICATE OF COMPLIAN	iCE		SERVATION DIVISION	10	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED UUL	DRIGINAL SIGNED BY EDDIE SEAY		
		DIL & GAS INSPECTOR			
			filed in compliance with Ri	ULE 1104.	
BRush (Signalive)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation			
		well, this form must be accompanied by with RULE 111. tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow			
Production Rec	ords Supervisor	suis on new and recon	pieced wenter	hanges of owne	
9-29-83 (Date)		Fill out only Sections I, 11, 111, 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 multiplication.			
		Separate Forma C completed wella.	······································		