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FILE			
U.\$.G.S.			
LAND OFFICE			
IRANSPORTER	DIL		
	JAS		
OPERATOR			

## NEW MEXICO OIL CONSERVATION COMMIS.

Form C-104

	SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old Elfoctive 1-1-65	Supersedes Old C-104 and C-110 Effective 1-1-65			
	FILE	AND AND NATURAL CAS						
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	SIL							
	TRANSPORTER	]						
	OPERATOR	4						
1.	PRORATION OFFICE Operator							
	Phillips Petroleum Company Address							
	Room 806 Phillips Building, Odessa, Texas 79761							
	Reason(s) for riling (Check proper box)  Other (Please explain)							
	New Well	Change in Transporter of: Oil Dry Gas				1		
	Recompletion AA  Change in Ownership	Oil Dry Gas  Casinghead Gas Condens	7					
	Change in Cwierson							
	If change of ownership give name and address of previous owner			<u></u>		·		
	and address of previous owner							
11.	DESCRIPTION OF WELL AND Lease Name	I.EASE. Well No. Pool Name, Including Fo	ormution	Kind of Lease		Lease No.		
	Ranger	7 Ranger Lake I		State, Federal or Fe	State	E 906		
	Lecation							
	Unit Letter L : 66	O Feet From The West Line	e and <u>1980</u>	Feet From The	south			
						County		
	Line of Pertion 26 To	waship 12-S Range	34-E , NMFM	. Lea		· · · · · · · · · · · · · · · · · · ·		
***	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S					
111.	Normal And And Transporter of Ch.	XX or Condensate	Andress (Give address) 2300 Continent	to which approved co	py of this form is to Bank Blds.	be sent)		
	Amoco Pipe Line Comp	any	Fort Worth, To Address Gine address	exas 76102	Dank Diag.			
	Mare S. Von Ched Transporter of Sa	simphead Gas or Dry Gas	1			1		
	Warren Petroleum Cor	poration Twp. Rge.	Box 1589 Tu	Lsa, O <u>klaho</u> ma <sub>ede</sub> When	<u> </u>			
	itt wett promoes oil in Donds, I give Donation of this	N 23 12S 34E	Yes		2-2-76			
		ith that from any other lease or pool,						
IV.	COMPLETION DATA				Back Same Res	b Tout Basty		
	Designed Type of Completi		New Well Workover	Deepen Fluc	J Dilok Came Des	X		
	·	10 2 1 Deaduse Dead	Total Depth	F.8	.T.D.			
	DHC 2-2-76	2–2–76	10365	:	10190			
	Tievita in 18t, NAB, RI, Gh, etc.	2–2–76  Name of Producing Formation	Top Off Gas Day	Tut	ing Depth			
	4160' DF	Penn	9941		10150 th Casing Shee			
	Freeholder (1997)			10363				
	10212 - 1031	.) TUBING, CASING, AND	CEMENTING RECOR	RD				
	HOLE S.ZE		DEPTHS		SACKS CEM	ENT		
	17 2/11	13-3/8"	351'	375	sx Circula	ted		
	11"	8-5/3"	4211' (511	sx reg w/4051	DD.150sx_reg	circulate		
	7-7/8"		10363' (4005	x Incor SR 40	<u>)% DD, 150 sx</u>	SLOSet		
	l .	2-3/8" 1 <u>100_ab_4000_f1</u>						
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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 Bun To Tanks							
	2-2-76	6_1_76	Pump Casing Pressure	ing	oke Size			
	Length of Test	Tubing Pressure	Casing Pressure	J				
	Actual Prod. During Tost	Cil-Bbls.	Water-Bble.	Gae	- MCF			
	Actual Pical Dailing	7 .	62		1			
	GAS WELL		Bbis. Condensate/MMC	·	rvity of Condensate			
	Actual Fred. Test-MCF/D	Length of Test	Bala. Condensate/MMC	,,				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shui	-in) Cho	oke Size			
	restrict (correct prints)	_						
VI	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION					
7 3								
I hereby certify that the rules and regulations of the Oil Conservation		Orig. Signed by						
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			1 C					
		TITLE Dist 1, Sapv.						
				This form is to be filed in compliance with RULE 1104.				
	II I Muollon					ed or deepened		
		nature)	If the Anim Same writer he accompanied by a fabilitation of the deviation					
	(Signature)  Engineering Advisor  All sections of this form must be filled out com				A MITTU MOPE II	•		
		Cial a 1	Att Bections o	completed wells.				

(Date)

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