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OIL	
GAS	
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## PEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL	GAS
LAND OFFICE			
TRANSPORTER GAS			
OPERATOR OFFICE			
PRORATION OFFICE Operator			
Phillips Petrole	um Company		
Phillips Buildi	ng, Odessa, Texas 79	9760	
Reason(s) for filing (Check proper box)		Other (Please explain) Ab	andonment of Unitised
New Well	Change in Transporter of: Oil Dry Gas	Operations effec	
Recompletion Change in Ownership	Casinghead Gas Condens	Former v Ranger	Lake Unit Tr 2,/well 7
If the way of a wastering give name			
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including Fo	0	Lease No.  Lease No.  E-906
Ranger Location	7 Ranger Lake I	rem.	
Unit Letter / L ; 198	Feet From The South Line	e and 660 Feet From	The west
		LE NMPM, LA	County
Line of Section 26 Tox	waship 12-S Range 31	, NMPM, I.e.	
II. DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	S	oved copy of this form is to be sent)
Name of Authorized Transporter of Oil  Amoco Pipe Line Compa		2300° Continuation Mario Fort Worth, Texas 761	nal Bank Building
Name of Authorized Transporter of Car		Address (Give address to which appr	oved copy of this form is to be sent;
None	Unit Sec. Twp. Rge.	Is gas actually connected?	hen
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Fige.   N   23   12 S   34-#	no	
	th that from any other lease or pool,		
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.
Designate Type of Completion			
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
Lievations (DF, ARB, A1, GR, etc.)	Trains of Francisco		
Perforations			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST F	'OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load o opth or be for full 24 hours)	il and must be equal to or exceed top allow
OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	Children Bassause	Casing Pressure	Choke Size
Length of Test	Tubing Pressure		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
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
lesting Mathod (pitot, out a pro)		•	
VI. CERTIFICATE OF COMPLIAN	ICE		ATION COMMISSION
		APPROVED MA	K 19 18/3 . 19
Commission have been complied	mission have been complied with and that the information given		John Runyan
West of the second seco		Geologis <b>t</b>	
1		TITLE	Managerial But F 4484
Ella Des	/ E. M. Bell	Te at to a secure for all	n compliance with RULE 1104. lowable for a newly drilled or deepened
(Si	nature	well, this form must be accome tests taken on the well in ac	preview by a fabriation of the governor
Production Clerical S	uparvisor	All sections of this form	must be filled out completely for allow
Production Clerical S	19 <b>7</b> 3	able on new and recompleted	wells.
	Date)	wall name or number, or transp	orter, or other such change of condition ust be filed for each pool in multiply
		Separate Forms C-104 m completed wells.	Mar he titled tot each boot in marsh.