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LAND OFFICE		
TRANSPORTER	OIL	
	NATURAL 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 Building, Odessa, Texas 79761	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
DHC - 193 With Ranger Lake Bough	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ranger	Well No. 10	Pool Name, including Formation Ranger Lake Penn	Kind of Lease State XXXXXX XXXX	Lease No. E 906
Location Unit Letter <u>D</u> <u>660</u> Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>west</u>				
Line of Section <u>26</u> Township <u>12-S</u> Range <u>34-E</u> N.M.P.M. Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) 2300 Continental National Bank Bldg. Ft. Worth, Texas 76102	
Name of Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Okla.	
Unit <u>N</u> Sec. <u>23</u> Twp. <u>12S</u> Rge. <u>34E</u>	Is gas actually connected? <u>Yes</u>	When <u>7-2-76</u>

If this production is commingled with that from any other lease or pool, give commingling order number: DHC - 193 effectively

IV. COMPLETION DATA

Designation Type of Completion - (X) <u>X</u>	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Change Depth <input type="checkbox"/> Diff. Res'v. <input checked="" type="checkbox"/>		
Date <u>DHC 7-2-76</u>	Date Compl. Ready to Prod. <u>7-2-76</u>	Total Depth <u>10352'</u>	P.B.T.D. <u>10130' w/bridge plug</u>
Elev. <u>4161' DF</u>	Name of Producing Formation <u>Penn</u>	Top Oil Gas Tr. <u>10211</u>	Testing Depth <u>9840</u>
<u>10211-10318</u>		Depth Casing Shoe <u>10351'</u>	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>11"</u>	<u>8-5/8"</u>	<u>2000'</u>	<u>(655 sx. circ to surface)</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>10351'</u>	<u>(187 sx reg 40% DD & 150 sx Tr. Inferno)</u>
	<u>2-3/8" tbg</u>	<u>9840'</u>	<u>(Temp survey TOC @ 308')</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 Run To Tanks <u>7-3-76</u>	Date of Test <u>7-14-76</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Kobe pump set @ 9840'</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>---</u>	Casing Pressure <u>---</u>	Choke Size <u>---</u>
Actual Prod. During Test	Oil-Bbls. <u>2</u>	Water-Bbls. <u>150</u>	Gas-MCF <u>TSTM</u>

GAS WELL

Actual Prod. Test-MCF/D <u>---</u>	Length of Test <u>---</u>	Bbls. Condensate/MMCF <u>---</u>	Gravity of Condensate <u>---</u>
Testing Method (pilot, back pr.) <u>---</u>	Tubing Pressure (Shut-in) <u>---</u>	Casing Pressure (Shut-in) <u>---</u>	Choke Size <u>---</u>

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)

Senior Reservoir Engineer

(Title)

11-29-76

(Date)

OIL CONSERVATION COMMISSION

APPROVED 11-29-76, 19

BY Harry S. Lupton

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.