DISTRIBUTION SANTA FE FILE	DISTRIBUTION IEW MEXICO OIL C REQUEST		CONSERVATION COMMISSI FOR ALLOWABLE AND ANSPORT OIL AND NATURAL GAS		Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE		IORIZATION TO TRA	INSPORT UIL AND	ONATURAL GAS		
Operator						
Phillips Petroleu	m Company				······	
Phillips Building	, Odessa, T	exas 79760				
Reason(s) for Fling (Check prope New Well		in Transporter of:	Other (Plea	se explain) Change	Lease Name and Well	
Recompletion	011	Dry Ga	s _ Former	ly West Ranger	lake Unit Well No.	
If change of ownership give na and address of previous owner						
DESCRIPTION OF WELL A	ND LEASE	. Pool Name, Including F	ormation	Kind of Lease	Lease No.	
Ranger	15	Ranger Igke Bo	ugh	State, XXXXXXXX	E-906	
Location C		- +	e and 660		north	
Unit Letter;;		rom The West Lin	34-E	Feet From The Les		
Line of Section 26	Township 12-	8 Range	, NMI		County	
DESIGNATION OF TRANSI	PORTER OF OI	L AND NATURAL GA	S			
Name of Authorized Transporter of	or 🚺 🚺 or	Condensate 🔀	2300 Contine		Bank's But Idarig sent)	
Amoco Pipe Line (Name of Authorized Transporter of	of Casinghead Gas	or Dry Gas 👗		s to which approved cop	y of this form is to be sent)	
Warren Petroleum	Cornoration			1sa, Oklahoma	74102	
If well produces oil or liquids, give location of tanks.		$\frac{12-5}{26} = \frac{12-5}{34-E}$	Is gas actually conne Yes	oted? When 10-	29-7 0	
If this production is commingle		<u> </u>		ler number:		
COMPLETION DATA			New Well Workove		Back Same Res'v. Diff. Res'	
Designate Type of Comp	letion = (X)		New Well Workove	r Deepen Plug		
Date Spudded	Date Compl.	Ready to Prod.	Total Depth	P.B.	r.d.	
Elevations (DF, RKB, RT, GR, e	Name of Pro	ducing Formation	I Ton Cri /Gas Pay		ng Depti.	
$\begin{bmatrix} \text{Elevations} (Dr, KKB, KI, GK, e \\ \end{bmatrix}$	tc., Nume of Pio					
Perforations				Dept	n Casing Shoe	
		TUBING, CASING, AND	CEMENTING REC	ORD		
HOLE SIZE	CASIN	IG & TUBING SIZE	DEPTH		SACKS CEMENT	
			······································			
TEST DATA AND REQUES OIL WELL	T FOR ALLOW	ABLE (Test must be a) able for this de	pth or be for full 24 ho	urs)		
Date First New Oil Run To Tank	s Date of Tes		Producing Mathod (Fl	ow, pump, gas lift, etc.)		
Length of Test	Tubing Pres	8476	Casing Pressure	Chok	e Size	
			Water Dail	Gas -	MCF	
Actual Prod. During Test	Cil-Bbls.		Water-Bols.			
I						
GAS WELL Actual Prod. Test-MCF/D	Length of T	eat	Bbla. Condensate/MM	ICF Grav	ity of Condensate	
			Carlie December (Eb)	rt-in) Chak	• Size	
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-in)	Casing Pressure (Sh	de-inj Chok	. 5120	
CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION			
CERTIFICATE OF COMPL					19	
			APPROVED	APPROVED, 19		
I hereby certify that the rules	led with and tha	t the information given			, 19 <u> </u>	
T becaby cartify that the rules	led with and tha	t the information given	BY			
I hereby certify that the rules Commission have been compli above is true and complete to	led with and tha o the best of my	t the information given	BY			
I hereby certify that the rules Commission have been compli above is true and complete to	led with and tha o the best of my	t the information given knowledge and belief.	BY TITLE This form is	to be filed in compli-	ance with RULE 1104.	
I hereby certify that the rules Commission have been compli- above is true and complete to	led with and tha o the best of my	t the information given	BY TITLE This form is If this is a re	to be filed in compli- equest for allowable f	ance with RULE 1104. or a newly drilled or deepene v a tabulation of the deviation	
I hereby certify that the rules Commission have been compli- above is true and complete to	led with and that the best of my <u>E</u> (Signature) E	t the information given knowledge and belief.	BY TITLE If this is a re- well, this form mu- tests taken on th All sections	to be filed in compli- equest for allowable f ust be accompanied b e well in accordance of this form must be f	with RULE 1104. or a newly drilled or deepene y a tabulation of the deviatio with RULE 111.	
I hereby certify that the rules Commission have been compli- above is true and complete to	led with and that the best of my (Signature)	t the information given knowledge and belief.	BY TITLE If this is a rewell, this form muteats taken on the All sections able on new and Full out only	to be filed in compli- equest for allowable f ust be accompanied by e well in accordance of this form must be f recompleted wells.	ance with RULE 1104. or a newly drilled or deepene v a tabulation of the deviatio	