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SANTA FE				
FILE				
U.S.G.S.		Ĺ	ļ	
LAND OFFICE			<u> </u>	
IRANSPORTER	OIL		<u> </u>	
	GAS			
OPERATOR			L	
PROBATION OFFICE			}	

NEW MEXICO OIL CONSERVATION COMMISSI

Form C-104

	SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE	AUTHORIZATION TO TRA	AND			
}	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
-	OIL					
	IRANSPORTER GAS					
ŀ	OPERATOR					
.	PRORATION OFFICE					
•	Operator	2 0		1		
	Phillips Petroleum Company					
	Address Room R-2 Phil	lips Building, Odessa, T	l'exas			
	Reason(s) for filing (Check proper box)	ripo barraring, tratta,	Other (Please explain)			
	New Well	Change in Transporter of:		ł		
	Recompletion	Oil Dry Gas	s			
	Change in Ownership	Casinghead Gas Conden	sate			
•	If change of ownership give name					
and address of previous owner						
	UNDESKT Ranger Lake-Devenian Gas					
н.	Lease Name Well No. Pool Name, Including Formation West Ranger Lake Well No. Pool Name, Including Formation Rest Ranger Lake Rest Ranger Lake Food Food Food Food Food Food Food Foo					
	West Ranger Lake Unit	1 - Undesignated -	Ke Ragas State, Federal	cr Fee State E906		
	Location					
	Unit Letter C; <u>198</u>	O Feet From The West Lin	e and 660 Feet From T	he North		
				County		
	Line of Section 26 Tow	nship 12-S Range	34-F, , NMPM, I.ea	County		
	DESIGNATION OF TRANSPORT	TED OF OU AND NATURAL GA	ıs			
111.	Name of Authorized Transporter of Cil	or Condensate A	Address (Give address to which approv	ed copy of this form is to be sent)		
	Service Pipe Line Compa	ny	Box 58, Denver City,	Texas		
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 📉	Address (Give address to which approv	1		
	Phillips Petroleum Comp		Room B-2, Phillips Blo			
	If well produces oil or liquids,	Unit Sec. Twp. Rge. C 26 125 34E	No 1	To be connected on or about 4-5-68.		
give location of talks.						
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:			
1V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio	n - (X) X	X	1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	4-30-67	7-23-67 Name of Producing Formation	12894 Top 84/Gas Pay	12894 Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Devonian	12828	12889		
	4146' Gr .	Devontan	Depth Casing Shoe			
	Open hole 12828 - 94					
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT 400 sx reg Class A w/2%		
	17-1/2"	13-3/8"	363'	Cacl2, Circ. 75sx		
	177"	8-5/8"	4200'	400 sx reg TOC 3150'		
	7-7/8"	5 7/211	128281	560 sx Class A w/2% DD 1		
• •	128891 0 E of load oil and must be equal to or exceed top a					
₩.	OIL WELL able for this depth or be for full 24 hours)					
	Date First New Ct. Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
		Tubing Pressure	Casing Pressure	Choke Size		
	Length of Test	I noted blessme	Jan., Company			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
	1			•		
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	952.7	58		
	6955 Testing Method (pitot, back pr.)	4 hrs Tubing Pressure(Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.) BP	2650		2"		
£ .v			OIL CONSERVA	ATION COMMISSION		
-/1	. CERTIFICATE OF COMPLIAN	CL CL				
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.			APPROVED 19			
				BY ACCOUNTY		
			TITLE			
	TOWN 11		This form is to be filed in	compliance with RULE 1104.		
	W. J. Mueller		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

Jule)

Associate Reservoir Engineer