

AMENDED

STATE OF NEW MEXICO  
OIL AND NATURAL GAS DEPARTMENT

Form C-104  
Revised 10-01-76  
Form C-104-03  
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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API No. 30-025-22352

1. OF COPIES PREPARED	
2. DATE RECEIVED	
3. SANTA FE	
4. FILE	
5. U.S.G.S.	
6. LEAD OFFICE	
7. TRANSPORTER	8. OIL GAS
9. OPERATOR	
10. PROSTATE "PIC"	

I. Operator  
Phillips Petroleum Company

Address  
4001 Penbrook Street, Odessa, Texas 79762

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	

Other (Please explain)  
Gas on this well is not connected & is for lease use only

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ranger	Well No. 16	Pool Name, including Formation Ranger Lake Penn	Kind of Lease State, Federal or Fee	Lease No. E-906
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>south</u> Line and <u>1980</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

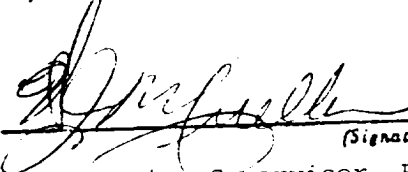
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) 2300 Continental Nat'l Bank Bldg., Ft. Worth, Tx
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 7610
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when N 23 12-S 34-E no Gas for lease use only

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

  
W. J. Mueller  
(Signature)  
Engineering Supervisor, Reservoir  
(Title)

July 30, 1986

(Date)

OIL CONSERVATION DIVISION

AUG 4 1986

APPROVED \_\_\_\_\_, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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 multiple completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X					X		X
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
12-03-67	5-30-84 (Reperf'd)		12,863'		11,712'				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
4146'GR, 4158'DF, 4160'RKB	Penn		10,245'		10,100'				
Perforations					Depth Casing Shoe				
10,245'-10,250'; 10,254'-10,261'; & 10,276'-10,280'					12,816'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"		13 3/8" 54.5#		370'		480 SX "H"			
11"		8 5/8"		4200'		400 SX "H"			
7 7/8"		5 1/2" 17#, 20#		12,816'		750 SX TLW			

#### 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3-28-86	4-09-86	Pumping 70 h.p. Reda submersible pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	-	-	-
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	46	330	35

#### GAS WELL

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

100-100000  
100-100000  
100-100000