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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	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
 Operator: Phillips Petroleum Company
 Address: Room B-2, Phillips Building, Odessa, Texas 79760
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
 Lease Name: Tower "A" CGM Well No.: 1 Pool Name, including Formation: Undesignated-Devonian Gas Kind of Lease: State Lease No.: L-131
 Location: West Ranger Lake-Devonian
 Unit Letter: K; 1980 Feet From The West Line and 1980 Feet From The South
 Line of Section: 34 Township: 12-S Range: 34-E, NMPL, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Service Pipe Line Company Address (Give address to which approved copy of this form is to be sent): Box 38, Denver City, Texas
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent): Room B-2, Phillips Building, Odessa, Texas
 If well produces oil or liquids, give location of tanks. Unit: K Sec.: 34 Twp.: 12-S Rge.: 34-E Is gas actually connected? Yes When: 4-1-69

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		X	X					
Date Spudded: <u>11-26-68</u>	Date Compl. Ready to Prod.	Total Depth: <u>12885</u>	P.B.T.D. <u>12880</u>					
Elevations (DF, RKB, RT, GR, etc.): <u>4160' GL, 4174' DF</u>	Name of Producing Formation: <u>Devonian</u>	Top Oil/Gas Pay: <u>12862</u>	Tubing Depth: <u>12876</u>					
Perforations: <u>12862-74</u>			Depth Casing Shoe: <u>12885</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17-1/2"</u>	<u>13-3/8"</u>	<u>365</u>	<u>600 sx.</u>
<u>11"</u>	<u>8-5/8"</u>	<u>4299</u>	<u>400 sx.</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>12885'</u>	<u>2 stages w/DW tool at</u>
	<u>2-3/8"</u>	<u>12876'</u>	<u>12303', 825 sx.</u>

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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.): _____	
Length of Test: _____	Tubing Pressure: _____	Casing Pressure: _____	Choke Size: _____
Actual Prod. During Test: _____	Oil - Bbls.: _____	Water - Bbls.: _____	Gas - MCF: _____

GAS WELL

Actual Prod. Test-MCF/D: <u>5354</u>	Length of Test: <u>4 hrs.</u>	Bbls. Condensate/MACF: <u>43</u>	Gravity of Condensate: <u>54.2</u>
Testing Method (pilot, back pr.): <u>BP</u>	Tubing Pressure (shut-in): <u>2602</u>	Casing Pressure (shut-in): <u>2833</u>	Choke Size: <u>2"</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
 Associate Reservoir Engineer
 (Signature)
4-1-69
 (Date)

OIL CONSERVATION COMMISSION
 APR 1 1969

APPROVED _____, 19____
 BY: Leslie J. Clement
 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.