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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Phillips Petroleum Company	Well API No. 30-025-31418
Address 4001 Penbrook Street, Odessa, TX 79762	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE <i>West Ranger Lake - Atoka Gas R-10177-9/1/94</i>				
Lease Name Ranger	Well No. 17	Pool Name, including Formation Ranger Lake, West-Atoka Gas	Kind of Lease State, Federal or For	Lease No. NM-E-906
Location 96223				
Unit Letter M	: 660	Feet From The West Line and	860	Feet From The South Line
Section 26	Township 12-S	Range 34-E	, NMPM, Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Co. (Trucks)	P.O. Box 791, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
GPM Gas Corporation	4044 Penbrook St., Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 26	Twp. 12S	Rge. 34	Is gas actually connected? Yes	When? 6-8-92

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 Res'v	Diff Res'v
		X		X		X		
Date Spudded 2-15-94	Date Compl. Ready to Prod. 2-21-94		Total Depth 14,100'		P.B.T.D. 12,730'			
Elevations (DF, RKB, RT, GR, etc.) 4150' GL; 4181' RKB	Name of Producing Formation Atoka		Top Oil/Gas Pay 11,675'		Tubing Depth 11,523'			
Perforations 11,675'-11,694'					Depth Casing Shoe 13,800'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		420'		1000 sxs C1 C			
17-1/2"	13-3/8"		4200'		2100 sxs C1 C			
12-1/4"	9-5/8"		13800'		1000 sxs C1 H			
	2-7/8"		11523' 2nd Stg. 1600 sx H					

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 Tank	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 750	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 650#	Casing Pressure (Shut-in)	Choke Size 30/64

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

L. M. Sanders
Signature
L. M. Sanders Supv. Regulatory Affairs
Printed Name Title
02-25-94 **915/368-1488**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAR 01 1994**
By _____
Title _____
Orig. Signed By
Paul Kautz
Geologist

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.