Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1940, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Antenia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUI	EST FO	R ALL	OWAB	LE AND	AUTHORIZ	ZATION					
I.	TO TRANSPORT OIL AND NATURAL											
Operator	hillips Petroleum Company						Well API No. 30-025-31418					
Address 4001 Penbroo	k Stre	et, O	dess	a, TX	79762		•					
Reason(s) for Filing (Check proper box)						r (Piease expla	in)					
New Well	•	Change in T	ransporte	r of:	_							
Recompletion	Oil		Ory Gas		E	ffectiv	e Date	2-1-9	3			
Change in Operator	Casinghead	Gas 🔲 C	Condensat	E X								
If change of operator give name							····					
and address of previous operator II. DESCRIPTION OF WELL A	ND LEA	SE	<u> </u>						·			
Lease Name		Well No I	Pool Nam	e, Includia	ng Formation	- (Dave	Kind (f Lease	LA NIM	ease No.		
Ranger		17	west	Kang	ger Lak	e (Devo	nigny		NMI-	E-906		
Únit LetterM	:66	<u>0</u> 1	Feet From	The	WestLine	and8	60 Fe	et From The.	Sou	th_Line		
Section 26 Township	12-S	! 1	Range	34-	-F .N	MPM, T.e				County		
		-				1,6						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)												
Name of Authorized Transporter of Oil	_ـــا	or Condens		X)	1							
Amoco Production Company					200 Amoco Court, Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent)							
	e of Authorized Transporter of Casinghead Gas or Dry Gas X					4044 Penbrook St. Odessa, TX 79762						
GPM Gas Corporation					Is gas actually		When	•				
If well produces oil or liquids, give location of tanks.	Umrit IM	•	12S I	34E	15 gas accusa	Yes		6-8-9	92			
If this production is commingled with that f					ing order numl							
IV. COMPLETION DATA	, , , , , , , , , , , , , , , , , , , 			•	•							
Designate Type of Completion -	(X)	Oil Well	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
te Spudded Date Compi. Ready to Prod.					Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth				
								Depth Casing Shoe				
Perforations Depth Casing Since												
TUBING, CASING AND CEMENTING RECORD												
HOLE SIZE						DEPTH SET			SACKS CEMENT			
						-		-				
					ļ							
								-				
			DIE					1				
V. TEST DATA AND REQUES	I FUK A	LLUWA	DLL Maria	٠ لريم	ha amial ta	aveged ton all	numble for the	e denth or ho	for full 24 hou	rs.)		
OIL WELL (Test must be after re	Date of Tes		f loga ou	ana musi	Producing M	ethod (Flaw au	mp. eas lift.	uc.)	, or , <u></u>			
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)											
Length of Test	Tubing Pressure				Casing Press	ıre		Choke Size				
Davis Tor	Oil - Bbls.				Water - Bbis.			Gas- MCF				
Actual Prod. During Test												
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate				
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size				
VL OPERATOR CERTIFIC	ATE CE	COMP	LIANC	CE		JII CON	ICEDY	ATION	DIME	251		
I hereby certify that the rules and regula	ations of the	UII COBSCIV	2000		11	"nii" CYCM	OET V	MIJON	אפוזות	JTN .		
Division have been complied with and that the information given above									V			
is true and complete to the best of my knowledge and belief.					Date Approved							
Sand- a					orig. Signed by							
J.M. Dansers					By_		aul Kan					
Signature M. Sanders	Supv.,	Reg.	Aff	airs			Geologis	,				

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

Printed Name

1-14-93

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

(915) 368-1488 Telephone No.

- 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.