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TRANSPORTER	OIL	
	GAS	
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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-116
Effective 1-1-65

*Testing allowable to cover condensate and gas production
in activating temporarily abandoned zone.

I. Operator
Phillips Petroleum Company
Address
Room 806, Phillips Bldg., Odessa, Texas 79761
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) ACTIVATE TEMP. ABNDN ZONE
*Testing Allowable - confirms verbal approval
al Melba Carpenter/Harold McLemore 10-24-77
for 1000 bbl condensate testing allowable
with contingent gas production.
If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name Michel Well No. 1 Pool Name, including Formation Undesignated - Morrow Gas Kind of Lease State, ~~Texas~~ Lease No. E1186
Location
Unit Letter C 660 Feet From The north Line and 1979 Feet From The west
Line of Section 13 Township 16-S Range 33-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Texas New Mexico Pipe Line Company Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79702
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 806, Phillips Bldg., Odessa, Texas 79761
If well produces oil or liquids, give location of tank: Unit C Sec. 13 Twp. 16-S Rge. 33-E Is gas actually connected? yes When 9-27-77

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

IV. COMPLETION DATA
Designated Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevation (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Restrictions Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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

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
(Signature)
Engineering Advisor
(Title)
October 24, 1977
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY Jerry E. Smith
Dist. 1, Clerk
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.