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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
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)

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 - Cisco	Kind of Lease State, TEXAS	Lease No. E-1186
Location Unit Letter C, 1979 Feet From The west Line and 660 Feet From The north Line of Section 13 Township 16-S Range 33-E, NMFM, 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"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Room 711, Phillips Bldg. Odessa, Texas 79761			
If well produces oil or fluids, give location of tanks.	Unit C	Sec. 13	Twp. 16-S	Rge. 33-E
Is gas actually connected?		When		
yes		2-10-76		

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Resv.	Diff. Resv.
Date Spudded 6-11-57	Date Compl. Ready to Prod. 2-10-76	Total Depth 13265	P.B.T.D. 11373					
PB 1-5-76	Name of Producing Formation Cisco	Top Oil/Gas Pay 11,137	Tubing Depth 11,000					
Elevations (DF, RKB, RI, GR, etc.) 4157 Gr., 4172' RKB		Depth Casing Shoe 11,264						
Perforations 11,207-220'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13-3/8"	385' (375 sx reg; cmt'd annulus w/96 sx f/115-0')						
12 1/4"	9-5/8"	4550' (830 sx reg 40% DD, 150 sx reg. Circ.)						
8-3/4"	5-1/2"	13264' (840 sx reg 20% DD, 150 sx sloset. TOC @ 11,000')						
	2-3/8"	11,000'						

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)

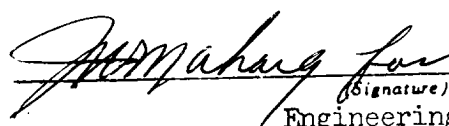
Date First New Oil Run To Tanks 2-16-76	Date of Test 5-13-76	Producing Method (Flow, pump, gas lift, etc.) Pump - 2"x1-1/16" x 20'	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 17	Water-Bbls. 0	Gas-MCF 17

GAS WELL

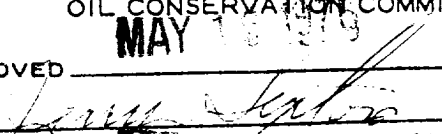
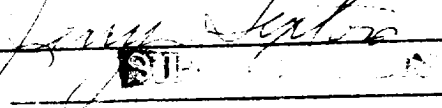
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
Engineering Advisor
(Title)
5-14-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19
BY 
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