STATE OF NEW MEXICO RGY AND MINERALS DEPARTMENT		TION DIVISION	Form C-104 Revised 10-1-78
015 TAIBUTION	SANTA FE, NEW		
REQUEST FOR ALLOWABLE			
AND			
ARTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
PADRATION OFFICE			
Phillips Oil Company			
4001 Penbrook Street, Odessa, Texas 79762			
Reason(s) for filing (Check proper box)			
New Well	Change in Transporter of: Out Dry Gas	Effective 12/01	1/83
Recompletion	Casinghead Gas Condens		
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND L	EASE	Kind of Lease	Lease No.
Lease Name	Weil No. Peol Name, Including For 1 7 Maljamar Gravh	function Fodoral	or Foo State B-2229
Phillips State E Mal	\mathcal{D} / / Maljamar Gravu		
Unit Letter_L : _ 660 Feet From The _ West Line and _ 1980 Feet From The _ South			
Line of Section 9 T. mahip 17S Range 33E , NMPM, Lea. County			
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil 3 or Condensate			
- Nordeo Pipo I	ine Company	P. O. Box 2528 Hobbs. Address (Give address to which approv	N M 882/10
Name of Authorized Transporter of Cas.		4001 Penbrook Street.	
Phillips Petroleum Comp	Unit , Sec. Twp. Rge.	Is gas octually connected?	*
If well produces oil or liquids, give location of tanks.	J 8 175 33E	Yes	- · · · · · · · · · · · · · · · · · · ·
If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA			
Designate Type of Completio	n - (X)	New Well Workover Deepen	
Designate 1/po co por por por por por por por por por po	Date Campl. Ready to Prot	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Ges Pay	Tubing Depth
Perforations	-		Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE			
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)			
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ses li	,
Length of Test	Tubing Pressure	Casing Pressure	Choke Size .
		Wener-Bbis.	Gas - MCF
Actual Prod. During Test	О11- Вые.		
CAP HTT I			Gravity of Condensate
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bble. Condenagte/MMCF	
Testing Method (pulot, back pr.)	Tubing Pressure (Shut-is)	Casing Pressure (Shut-12)	Choke Size
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION DIVISION
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.		APPROVED JAN 1.3 1984	
(Signature)		well, this form must be accompanied by with MULE 111.	
Production Records Supervisor		All sections of this form must be filled out completely for allow	
(Title) December 29, 1983		able on new and recompleted weret	
	29, 1985	Fill out only Sections I, II, III, and VI the Change of condition well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multipi	
•	•	Separate Forma Crite ind completed wella.	