OF NEW MEXICO
MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

IL CONSERVATION DIVISIC
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OFFICE	
SPORTER	OIL
	GAS
RATOR	
RATION OFFICE	

rator
Phillips Oil Company

Address
4001 Penbrook, Odessa, Texas 79762

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:
Oil ☐
Casinghead Gas ☐
Dry Gas ☐
Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner _**Phillips Petroleum Company, 4001 Penbrook, Texas 79762**_

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Denton	7	Denton ~~Wolfcamp~~ Devonian	State, Federal or Fee Fee	

Location

Unit Letter **G** : **1981** Feet From The **North** Line and **1987** Feet From The **East**

Line of Section **11** Township **15-S** Range **37-E** , NMPM, **Lea** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Amoco Pipe Line Company

Address (Give address to which approved copy of this form is to be sent)
3411 Knoxville Ave., Lubbock, Texas 79413

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

Tipperary Resources Corporation

Address (Give address to which approved copy of this form is to be sent)
500 W. Illinois, Midland, Texas 79701

If well produces oil or liquids, give location of tanks.	Unit M	Sec. 11	Twp. 15-S	Rge. 37-E	Is gas actually connected? Yes	When 2-7-54

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

COMPLETION DATA

Designate 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.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 allowable 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, 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 (prod. back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

JB Rush J. B. Rush
(Signature)

Production Records Supervisor
(Title)

NOV 0 3 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED **NOV 9 1983** , 19

BY ~~ORIGINAL SIGNED BY JERRY SEXTON~~
DISTRICT I SUPERVISOR

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 multiple completed wells.