## STATE OF NEW MEXICO RGY AND MINERALS DEPARTMENT

IGT MICH INTERIOR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 
	4410	 
DITURINTEIN		
BANTA FE		
FILE		
U.B.U.B.		
LAND OFFICE		
	OIL	L_
TRANSPORTER	OAS	
OPERATOR		

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

REQUEST FOR ALLOWABLE

TRAMSPORTER -	O A B	二二	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS																	
	CONATION OFFICE																			
Phillips	; Oil	Con	npany											<del></del>						
4001 Pen				Texa	as 7	9762	: 				Oth	et (Please		plain)						
Reason(s) for file	ing (C	مودد بر ح	roper box)	Ch.	ange in	Trans	porter	ol:				., ,,								
Recompletion	<u></u>	j		CH					y Gas						•					
Change in Owner	- Bhis	<u> </u>		Ca	aingheo	d Gas	<u> </u>	C	ondens	al•	<u> </u>									
If change of own	nershi previa	p give	name mer	Ph	illir	s Pe	etro.	leum.	Com	pany.	400	)1 Penb	ro	ok, Texa	s 797	52				
DESCRIPTION	N OF	WEL	L AND L	EASE		Seel 2	None	Includi	na Fo	mation	•		Kı	nd of Lease				Legse No.		
Lease Name Denton				Sell No. Pool Name, Including Formation  16 Denton Wolfcamp									St	ate, Federal						
Location											000				Nort	+h		•		
Unit Letter_	E		: 787	F	eel Fro	m The	West	<u> </u>	_ Line	and			_	Feet From T	he <u>NOT t</u>			Country		
Line of Section	on	11	T. M	qiden	15-	-S		Range		37-E		, NMPN	4,	Lea				County		
DESIGNATIO	N OF	TRA	NSPORT	ER O	OIL	AND	NAT	URAL	GAS	Address	/Giv	e address	10 L	which approv	ed copy of	this form	is to be	: sent)		
Name of Authorized Transporter of Cit X or Condensate								3411 Knoxville Ave., Lubbock, Texas 79413												
Amoco Pipe Line Company  Name of Authorized Transporter of Castnahead Gas or Dry Gas							Address (Give address to which approved copy of this form is to be sent) 500 W. Illinois, Midland, Texas 79701													
Unit Sec. Twp. Ree. Is c							Is gas actually connected? When													
cive location of	( tonks	•		M	1.		158		37E	rive com	Yes		er n		II/a .					
If this production COMPLETION	on is N DA	Commi	ingled with	h that		ly othe		Gas W		New We		Morkover	- !	Deepen	Plug Back	Same	Res'v.	Diff. Resty.		
Designate	Туре	of C	ompletio		3		ا ا ا			Total D					P.B.T.D.			<u> </u>		
Date Spudded				Dete (	Compl. i	Ready '	to Pro	d.		10(0)	epin						<del></del>			
Elevations (DF, RKB, RT, GR, etc.; Name of Producing Formation							Top Cil	/Gas	Pay		•	Tubing De	Tubing Depth							
Perforations				<u> </u>						<u> </u>					Depth Car	sing Sho	_			
		·				TUBIN	(G, C,	ASING,	, AND	CEME	ИТИ	G RECO	RD		,					
HOLE SIZE CASING & TUBING SIZE									DEPTH			SACKS CEMENT								
															<del> </del>					
						nr F				(		f total voi	ите	of load oil	and must be	equal t	0 01 exc	eed top allow		
TEST DATA	AND	REQ	UEST FO				هه ۱	le for t	hie de	pth of be	100 11	utt 14 von	T# /	pump, gas li				<u> </u>		
Date First New	OILB	un To	Tones	Date of Test								·			Choke Size					
Length of Test				Tubing Pressure					,	Casing	Pres	•w•				Chote Size				
Actual Prod. Di	mind	rest		Oil-Bble.					Water-	Bbis.				Gas-MCF						
			<u> </u>	<u> </u>						J										
GAS WELL		CF/D		Lengt	n of Te	et .	<u>.</u>			Bbis. C	Conde	negte/MM	CF		Cravity o	of Conde	negte			
Testing Method				Tubir	g Press	we ( s	hnt-l	in)		Casing	Pres	ewe (sbr	st-1	(n)	Chore Si	110				
										1				NSERVA	LIUN DI/	VISION	<u> </u>			
CERTIFICAT	TE O	F CO	MPLIAN	CE								/ED			983		, 1	o		
I hereby certif										11						· · · · · · · · · · · · · · · · · · ·	nnk.			
Division have been complied with and that the information given been to the best of my knowledge and belief.						II SIGNATURE SIG														
			/	1 :						TITI			•	te filed in	compliant	e with	RULE	1104.		
J. B. Rush						1	If th	in in a re	e qu	at for allo	wable for	e newly (sbule)	r drilled tion of	or deepens						
Production Records Supervisor							thi	a form mi	uet • w	be accomp	rdance Wi	th MUL	E 111.							
(Title)							All sections of this form must be filled out completely for allowable on new and recompleted wells.													
NUV Ú 3 1983							Fill out only Sections I. II. III, and VI for changes of owns well name or number, or transporter, or other such change of conditions of the second of the s													
(Date)  Separate Forms C-104 must be filed for each pool in completed wells.																				

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