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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 <b>Phillips Petroleum Company</b>	
Address <b>Room B-2, Phillips Building, Odessa, Texas 79760</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name <b>Chem State</b>	Well No. <b>3</b>	State, <del>FORBIDDEN</del>	<b>B9642</b>
Location			
Unit Letter <b>F</b>	<b>1986</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>West</b>		
Line of Section <b>4</b>	Township <b>15-S</b>	Range <b>32-E</b>	County <b>Lea</b>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<b>Pan American Petroleum Corp.</b>	<b>Box 1725, Midland, Texas</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	<b>Vented</b>	Address (Give address to which approved copy of this form is to be sent)	
		<b>Vented</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>3</b>	Twp. <b>15-S</b>
		Rge. <b>32E</b>	Is gas actually connected? <b>-</b>
			When <b>-</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **R-579**

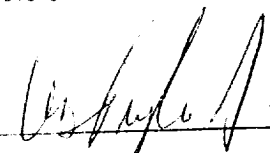
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)		<b>X</b>		<b>X</b>					
Date Spudded <b>9-25-68</b>	Date Compl. Ready to Prod. <b>11-5-68</b>	Total Depth <b>10012</b>		P.B.T.D. <b>9975</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>4307 Gr., 4317' DF, 4319' RKB</b>	Name of Producing Formation <b>Wolfcamp</b>	Top Oil/Gas Pay <b>8895'</b>		Tubing Depth					
Perforations <b>9744-9802</b>	Depth Casing Shoe <b>10012</b>								
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
<b>17-1/2"</b>	<b>13-3/8"</b>	<b>385'</b>		<b>475 ex. Class HW/25 CaCl2.</b>					
<b>11"</b>	<b>8-5/8"</b>	<b>4090'</b>		<b>Circ. 400 ex Class H.</b>					
<b>7-7/8"</b>	<b>5-1/2"</b>	<b>10012'</b>		<b>TOC 2450' 400 ex Trinity</b>					
	<b>2-3/8" tubing</b>								

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 <b>11-8-68</b>	Date of Test <b>11-25-68</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>-</b>	Casing Pressure <b>-</b>	Choke Size <b>-</b>
Actual Prod. During Test	Oil - Bbls. <b>90</b>	Water - Bbls. <b>220</b>	Gas - MCF <b>61</b>

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

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.

  
(Signature)  
**Associate Reservoir Engineer**  
(Title)  
**November 27, 1968**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **John W. Runyan**  
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.