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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Note: This well will be operated in the Northeast Maljamar wtrfld. unit which was approved by Order No. R-3154. Well count should be increased from 9 to 10 in calculation of top project allowable.

Operator Phillips Petroleum Company	
Address Rm. B-2, Phillips Bldg., Odessa, Texas 79760	
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

Lease Name Phillips "E" State	Well No. 10	Pool Name, Including Formation Undesignated R-3731	Kind of Lease State, Undesignated	Lease No. B2229
Location Unit Letter 0 990 Feet From The south Line and 1650 Feet From The east				
Line of Section 9 Township 17-S Range 33-E , NMPM, Lee County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Texas New Mexico Pipe Line Company Box 1510, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Phillips Petroleum Company Rm. B-2, Phillips Bldg., Odessa, Texas 79760	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 8
	Twp. 17	Rge. 33
	Is gas actually connected? Yes When 2-13-69	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1-27-69	Date Compl. Ready to Prod. 2-13-69		Total Depth 4570		P.B.T.D. 4550			
Elevations (DF, RKB, RT, GR, etc.) 4186' Gr., 4194' DF	Name of Producing Formation Grayburg		Top Oil/Gas Pay 4197		Tubing Depth 4481			
Perforations 4357-62', 4410-15', 4450-55'				Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8"	376'	300 ex Class H w/2% CaCl2, circ.
7-7/8"	4-1/2"	4566'	145 ex Class H 40% DD & 125 ex
	2-3/8" tbg.	4481'	Class H neat. 100 @ 2750

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)

Date First New Oil Run To Tanks 2-13-69	Date of Test 3-3-69	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 96	Water - Bbls. 0	Gas - MCF 46.1

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

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.

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **W. J. Mueller**
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.

W. J. Mueller
(Signature)
Associate Reservoir Engineer
(Title)

3-5-69

(Date)