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NO. OF COPIES SEC	EIVED	
DISTRIBUTION		
SANTA FE		$\neg$
FILE		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		
PROPATION OF	ICE	
Oppositor		

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DISTRIBUTION	NEW MEXICO ON	CONSERVATION COMMISSION	_
SANTA FE			Form C-104
FILE	KEGOESI	FOR ALLOWABLE	Supersedes Old C-104 and C- Elfective 1-1-65
U.S.G.S.		AND	
	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL GA	<b>AS</b>
LAND OFFICE	<del> </del>		
TRANSPORTER OIL	_		
GAS		•	
OPERATOR			
PROPATION OFFICE			
Operator	gargarita <u>i a i i i i i i</u>		
Phillips Petr	oleum Company		
Address		<del></del>	
4001 Penbrook	., Odessa, TX. 7976	5.2	
	<u> </u>		
Reason(s) for filing (Check proper	ox)	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Cil X Dry G	ias 🗂	
Change in Ownership		ensate	
G1.51.45 11. 0			
If change of ownership give name	•		
and address of previous owner	<i>,</i>		
DESCRIPTION OF WELL AN	DIFACE	•	
Lease Name	Weil No.; Pool Name, Including I	Formation Kind of Lease	Legae No
Leamex		i " " "	
	raijamai-Gray	yburg/San Andres State, Federal	XXXX D2146
Location			
Unit Letter B ;	660 Feet From The north	ine and 1980 Feet From Th	east
· · · · · · · · · · · · · · · · · · ·		; eat riots in	- <u> </u>
16	Township 17S Runge	33-E NIVEN	Lea
Line of Section	Township Range	. , ммрм,	County
	RTER OF OIL AND NATURAL G		
Name of Authorized Transporter of	Oil 🕎 or Condensate 🗌	Address (Give address to which approve	d copy of this form is to be sent)
Texas-New Mexico	Pineline Co.	P. O. Box 2528, Hobbs	N.M. 88240
None of Authorized Transporter of	Casinghead Gas X or Dry Gas	Address (Give address to which approved	d copy of this form is to be sent)
Phillips Petrole			
rullips retiole	/ 1.4		, TX. 79762
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	
give location of tanks.	0 16 17 33	yes	08-25-69
	with that from any other lease or pool,	e give comminging order number:	
COMPLETION DATA		In was Inches	01 - 0 - 1   5 0 - 1   0 : 1   0 - 1
Design Town of Cample	Oil Well Gas_Well	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'
Designate Type of Comple	tion $-(X)$		! !
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1		ł	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
CLEVERIOUS (DF, RRB, RT, GR, etc.	, Italia of Producing Comments	,	
		<u></u>	
Perforations			Depth Casing Shoe
1			
	TUBING CASING AN	D CEMENTING RECORD	
			CACVE CEVENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		<del> </del>	
		<u> </u>	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load oil an	d must be equal to or exceed top allo
OIL WELL	able for this d	epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)
1	1		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		Water Ship	Gas - MCF
Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	- III
	1		
CAR WETT			
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Teet-MCF/D	Lander of fact	The state of the s	·•
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
,	1		
		011 00115551115	IOH COMMISSION
CERTIFICATE OF COMPLIA	NCE	OIL CONSERVAT	TORYOMMISSION
		-	(UVC
I hasabu nasifu ibai iba mlan an	d regulations of the Oil Conservation	APPROVED	
Commission have been compiled	with and that the information given	Orio Signal	h <del>a</del>
above is true and complete to	the best of my knowledge and belief.	BYBY	<b>by</b>
	·	Des Ville Ment	S
	•	TITLE Oil & Garage	<del>0,</del>
NA - 1	N	This form is to be filed in cor	moliance with BULE 1104
Wa Jembe	-h	This form is to be filed in con	dipermitte tradit (1996) To for a gamilio dellad on decome
100 Jenus	W.D. Steinbeck	I would also form must be accompanie	ole for a newly drilled or deepend and by a tabulation of the deviation
(\$1	gnature)	well, this form must be accompanie tests taken on the well in accorda	ince with RULE 111.
Produ	ction Clerical Supervisor	family for the wart of account	be filled out completely for allow
	Title)	able on new and recompleted well	<b>1.</b>
		" The on how and lackinhtaran water	

02-01-82 (Date)

able 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.