NO. OF COPIES RECE	IVED	i	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

1.

H.

III.

IV.

NO. OF COPIES RECEIVED				
DISTRIBUTION			7 0 10	
		NSERVATION COMMISSION Form C-104 OD ALLOWARIE Supersedes Old C-104 and C-		
SANTA FE	HEQUEST I	Effective 1-1-65		
FILE		AND	• 100	
U.S.G.S.	_ AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	•	
LAND OFFICE				
TRANSPORTER GAS				
OPERATOR				
PRORATION OFFICE				
Operator				
Phillips Petroleum	Company			
Address				
Reem B-2. Phillips	Building, Odessa, Texas	79760		
Reason(s) for filing (Check proper bo		Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry Gas	s 🔲		
Change in Ownership	Casinghead Gas Conden	sate		
Ghange in Switchen				
f change of ownership give name and address of previous owner DESCRIPTION OF WELL AND Lease Name Leanex	Well No. Pool Name, Including Fo	ormation A.3853 Kind of Lease State,	Lease No.	
Location				
	Odo mowth	e and 760 Feet From Th	e east	
Unit Letter;;	980 Feet From The north Lin	e and Feet from Th		
74	17Q Banco	33-E , NMPM,	Lea County	
Line of Section 16	Ownship 17-5 Range	, INMPM,	100	
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	Address (Give address to which approve	d copy of this form is to be sent)	
Name of Authorized Transporter of (or Condensate			
The Permian Corpor	ation	P. O. Box 3119. Midland Address (Give address to which approve	d copy of this form is to be sent)	
Name of Authorized Transporter of (Casinghead Gas 🔼 or Dry Gas 🦳	· I		
Phillips Petroleus	a Cempany	Room B-2, Phillips Buil		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When		
give location of tanks.	0 16 17 33	Yes	10-1-69	
<u> </u>		give commingling order number:		
If this production is commingled to COMPLETION DATA	with that from any other lease or pool,	give comminging order number		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Comple	$tion = (X) \qquad \qquad \uparrow \qquad \qquad \uparrow$! • !	1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
9-5-69	10-1-69	4515'	44951	
		Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc. 4177 GL, 4186 DF, 4187 I		42081	LL381	
	an arelant Rom whates	4200	Depth Casing Shoe	
Perforations				
4355-4453'			<u> 4505 '</u>	
		D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12-1/4"	8-5/8 ¹¹		250 ex Class H w/2%	
			CaCl. Circ	
7-7/8" 4-1/2" 451		3/5/	150 Ex Class H w/40% DD	
		and 125 ex Cl	ass H nest TOC @ 2625!	
The second secon	EOD ALLOWARIE /Test must be	after recovery of total volume of load oil a	nd must be equal to or exceed top allow	
TEST DATA AND REQUEST	able for this d	epth 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.)	
	10-23-69	Insert pump - 2" x 1-1	/k" x 25'	
10-1-69 Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Ĭ				
24 hrs.	Oil-Bbls.	Water - Bbls.	Gas - MCF	
Actual Prod. During Test	24	0	19.8	
		-		
GAS WELL		T	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
1			0.00	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CODMINICATE OF COURT	ANCE	OIL CONSERVA	TION COMMISSION	
CERTIFICATE OF COMPLI	BNUE			
		APPROVED	, 19	
house been complis	nd regulations of the Oil Conservation of with and that the information given		1100	
above is true and complete to	the best of my knowledge and belief.	BY /	e come	
		15.0		
			2	

Associate Reserveir Engineer

10-24-69

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.