

SANTA FE	
FILE	
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

Operator Phillips Petroleum Company	
Address Room 711, Phillips Building, Odessa, Texas 79761	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Leamex	Well No. 17	Pool Name, Including Formation Maljamar Grayburg/San Andres	Kind of Lease State, KS OK	Lease No. B-2148
Location				
Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>south</u> Line and <u>660</u> Feet From The <u>east</u>				
Line of Section <u>16</u> Township <u>17-S</u> Range <u>33-E</u> , NMPM, <u>Lea</u> 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)					
The Permian Corporation	Box 3119, 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	Room 711, Phillips Bldg., Odessa, Texas 79761					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 16	Twp. 17	Rge. 33	Is gas actually connected? Yes	When 12-13-73

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded 11-21-73	Date Compl. Ready to Prod. 12-13-73 (perf) / TD	Total Depth 4552'	P.B.T.D. 1110'					
Elevations (DF, RKB, RT, GR, etc.) 4172' Gr.	Name of Producing Formation Grayburg/San Andres	Top Oil/Gas Pay 4162'	Tubing Depth 4280'					
Perforations 4311-16', 4363-68', 4388-93'			Depth Casing Shoe 4550'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	414' (Cmt'd 300sx Glass Hw/2% CaCl2 & 1# Flocele/sx. Circ 40 sx)	
7-7/8"	4-1/2"	4550' (Cmt'd 150sx Class H w/40% DD, 150sx Class H	
	2-3/8"	4280' (seat)/(w/18# salt. Temp surv TOC @2650')	

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)

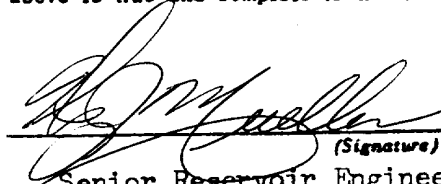
Date First New Oil Run To Tanks 12-13-73	Date of Test 1-14-74	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 45	Water-Bbls. 0	Gas-MCF 75

GAS WELL

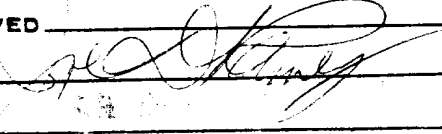
Actual Prod. Test-MCF/D ---	Length of Test ---	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) ---	Tubing Pressure (Shut-in) ---	Casing Pressure (Shut-in) ---	Choke Size ---

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.


W. J. Mueller
(Signature)
Senior Reservoir Engineer
(Title)
1-16-74
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
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.

