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S.O.B.		
AND OFFICE		
TRANSPORTER	OIL GAS	
PERATION		
ORATION OFFICE		
DIVISION		

Phillips Oil Company

4001 Penbrook, Odessa, Texas 79762

Reason(s) for filing (Check proper box)

Other (Please explain)

as Well	<input type="checkbox"/>	Change in Transporter of:	
completion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

change of ownership give name  
d address of previous owner Phillips Petroleum Company, 4001 Penbrook, Texas 79762

### DESCRIPTION OF WELL AND LEASE

Case Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Leamex	18	Maljamar Grayburg San Andres	State, Federal or Fee State	B2148

Location \_\_\_\_\_  
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West \_\_\_\_\_  
Line of Section 15 Township 17-S Range 33-E , NMPM, Lea County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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 Pipeline Company	P.O. Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Gasinehead 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	4001 Penbrook, Odessa, Texas 79762

	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
well produces oil or liquids, give location of tanks.	0	16	17S.	33E	Yes	12-26-73

\_\_\_\_\_ this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

### COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Leakages (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		

## TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENT			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE  
ON 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)

OIL WELL			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

AS WELL

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

## CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

J. B. Rush (Signature)

(Title)

NOV 03 1983

(Date)

## OIL CONSERVATION DIVISION

NOV 9 1983

APPROVED NOV 5 1963, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

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 deviated hole in the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted walls.

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 Form C-104 must be filed for each pool in multiple completed walls.