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FILE				
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL			
	GAS			
OPERATOR				
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## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	FILE	KEQUES!		LOWABLE		Supersedes Elioctivo 1-	Old C-104 and C-11	
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	TRANSPORTER OIL							
	GAS	]						
	OPERATOR							
1.	PROPATION OFFICE	<u> </u>						
	PHILLIPS PETROLEUM	COMPANY						
	Address							
	4001 PENBROOK, ODES	SSA, TX. 79762						
	Reason(s) for filing (Check proper box,			Other (Please	explain)			
	New We!l	Change in Transporter of:  Cil XK Dry Go						
	Change in Ownership	Casinghead Gas Conde	=					
				<u></u>			<del></del>	
	If change of ownership give name and address of previous owner							
	and address of previous switch							
II.	DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, Including F			Kind of Lease		<del></del>	
	Lease Name Leamex	18 Maljamar-Grayb		. Andros	State, Kara	CMWMXX	Lease No.	
	Location	10 Marjamar Grayb	urg/ Jai	Andres	XXXXX	CXXXXX	<u> 1 B2148</u>	
	Unit Letter L ; 198	Feet From The South Lir	e and 6	560	Feet Zrom T	he west		
							<del>- · · · · · · · · · · · · · · · · · · ·</del>	
	Line of Section 15 Tov	vnship 17S Range	33E 	, NMPM,	I	.ea	County	
			_					
III.	DESIGNATION OF TRANSPORT			(Give address t	o which approv	ed copy of this form i	s to be sent)	
	Phillips Petroleum	<del></del>	4001	Penhrook	Odessa	TY 79762	i	
	Name of Authorized Transporter of Cas	singhead Gas XX or Dry Gas	Address	(Give address t	o which approv	TX. 79762  oved copy of this form is to be sent)		
	Phillips Petroleum	Co.	4001	Penbrook,	Odessa,	TX. 79762		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? When				·	
	give location of tanks.	0 16 17 33	7	res	<u> </u>	12-26-7	3	
	If this production is commingled wit	th that from any other lease or pool,	give com	mingling order	number:		<del></del>	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well	Workover	Deepen	Plug Back   Same F	les'v. Diff. Res'v.	
	Designate Type of Completion	n = (X)		I I	!		:	
	Date Spudded	Date Compl. Ready to Prod.	Total De	pth	_ <del></del>	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth		
		<u> </u>				Depth Casing Shoe		
	Perforations Depth Casing Shoe							
	<u></u>	TUBING, CASING, AND	CEMEN	TING RECOR	D			
	HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
			ļ					
					<del></del>			
	TEST DATA AND DECUEST E	OR ALLOWARIE (Test must be a		en of total value	ne of load oil a	nd must be equal to a	r exceed top allow-	
¥.	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	Date of Test	Producin	g Method (Flow	, pump, gas lift	, etc.)		
						Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure			CHOLE SILE		
	Actual Pred. During Test	Cil-Bbls.	Water - Bi	ble.		Gas-MCF		
·								
	GAS WELL		15:-			Gravity of Condense	110	
	Actual Prod. Test-MCF/D	Length of Test	BDIM. CO	Condensate/MMCF		Grafity of Condense	<del></del>	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing P	Pressure (Shut-in)		Choke Size		
	t satisfied forested based areas busy			•				
VI	CERTIFICATE OF COMPLIANC	TE .		OIL C	ONSERVA	TION COMMISSI	ON	
	Carrie of Company							
	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.		APPROVED					
			n II - Cria, Stroka IV					
above to the same complete to the			Jerry Devices					
	0 -			TITLE This form is to be filed in compliance with RULE 1104.				
	(1) Combert W.D. Steinbeck				and for allow	shie for a newly dr	illed or deepened	
			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					
	(Signature) Production Clerical Supervisor			tests taken on the well in accordance with MULE 111.				
	rioduction (Tit		All sections of this form must be filled out completely for allowable on new and recompleted wells.					
	01-08-82					III and VI for ch	nanges of owner,	
	(Da	(e)	l well n	ame or number	, or transports	be filed for each	ings of conditions	
			comple	eted wells.	. 5 104 1114		- , ,	