DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 FANTA FE REQUEST FOR ALLOWABLE Effective 1-1-65 AND FILE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.\$.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Phillips Petroleum Company Address Room 711, Phillips Bldg., Odessa, Texas 79761 Other (Please explain) Reason(s) for filing (Check proper box) X New Well 011 Dry Gas Recompletion Condensate Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner ___ I. DESCRIPTION OF WELL AND LEASE (ell No. Pool Name, Including Formation Maljamar Grayburg/SanAndre Stote X XXXXX Phillips E State 18 Location 1980 Feet From The north Line and 1980 Range 33-E , NMPM, Lea 17-S Township Line of Section H. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Box 3119, Midland, Texas 79701 The Permian Corporation Name of Authorized Transporter of Casinghead Gas 🔀 💮 or Dry Gas 🕻 Phillips Petroleum Company Is gas actually connected? When Twp. Unti If well produces oil or liquids, 2-4-74 Yes : 17 В 15. give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order tembers v. <u>completion data</u> Plug Back Oil Well Gas Well New Well Workover Deepen Designate Type of Completion - (X) X X

Lease No. B 2229 County Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Room 711 Phillips Bldg, Odessa, Texas 79761 Same Resty. Diff. Resty. P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded 1,51,01 45041 12-23-71 1-7-71 Tubing Depth Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 43501 42271 Grayburg/San Andres 41741 Gr. Depth Casing Shoe Perforations 45391 4382-87', 4435-40'. TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE /241 (300sx ClassH w/2%CeCl2&1/L#Flocels in 1st 150 sx) (Circ 50 sx) 12-1/4" 8-5/8" TEST DATA AND REQUISITION OF ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top attour.

OIL WEST.

Date of Test

Date of Test Pump 2-7-74 2-1-74 Choke Size Casing Proceuse Tubing Pressure Length c. icat Gas - MCF Actual Prod. During Test 17 0 17 GAS WELL Gravity of Condensate lible. Condendate/MMCF Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shet-is) Choke Size Tubing Pressure (Shut-in) Testing Meth. d (pitot, back pr.)

completed wells.

VI. 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.

J. Mueller (Signature) Reservoir Engineer (Title) 2-8-74

(Date)

OIL CONSERVATION COMMISSION

APPROVED BY.

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despended well, this form must be accompenied 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 racompleted 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

STATE OF NEW MEXICO

INCLINATION REPORT

ONE COPY MUST BE FILED WITH EACH COMPLETION REPORT.

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