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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

I. Operator
Phillips Petroleum Company
Address
Room 711, Phillips Building, Odessa, Texas 79761
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Phillips E State	Well No. 20	Pool Name, Including Formation Maljamar Gb/San Andres	Kind of Lease State, Federal or Fee	State	Lease No. B-2229
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>17-S</u> Range <u>33-E</u> , NMPM, <u>Lea</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Room 711, Phillips Bldg., Odessa, Texas 79761					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 15	Twp. 17	Rge. 33	Is gas actually connected? Yes	When 4-10-75

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'ty. <input type="checkbox"/>	Diff. Res'ty. <input type="checkbox"/>
Date Spaced 3-11-75	Date Compl. Ready to Prod. 4-11-75		Total Depth 4566		P.B.T.D. 4541			
Elevations (DF, RKB, RT, GR, etc.) 4161 DF, 4152' GR	Name of Producing Formation Grayburg/San Andres		Top Oil/Gas Pay 4241		Tubing Depth 4500'			
Perforations 4398-4403', 4450-4455', 4491-4496'.					Depth Casing Shoe 4566'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	406	(375 sx w/2% CaCl ₂ & 1# Flocele (1st 200 sx Circ 10 sx.)
7-7/8"	5-1/2"	4566'	(Cmtd w/125 sx Class H w/40% DD, (150 sx Class H w/8# salt/sx. (TCC @ 2600')
	2-3/8" tbg.		

V. 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)

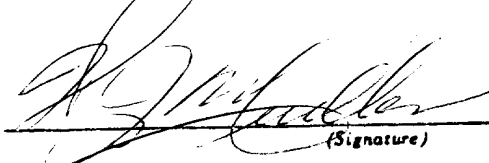
Date First New Oil Run To Tanks 4-28-75	Date of Test 5-1-75	Producing Method (Flow, pump, gas lift, etc.) Insert pump 2" x 1-1/4" x 16'	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test -	Oil-Bbls. 42	Water-Bbls. 0	Gas-MCF 8

GAS WELL

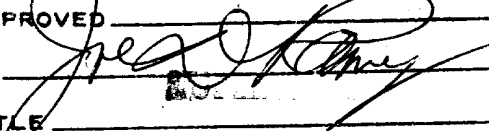
Actual Prod. Test-MCF/D -	Length of Test -	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr.) -	Tubing Pressure (shut-in) -	Casing Pressure (shut-in) -	Choke Size -

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.


W. J. Mueller
(Signature)
Senior Reservoir Engineer
(Title)
5-5-75
(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.

INCLINATION REPORT

Field Name Maljamar (Grayburg/San Andres) County Lea
Operator Phillips Petroleum Company Address Room 711 Phillips Building City Odessa, Tx.
Lease Name Phillips-E State Well No. 20
Location Unit H, 1980 feet from the north line and 660 feet from
east line of Section 15, Township 17-S, Range 33-E

[illegible]

ge of the data and facts placed on this form
and complete.

 W. J. Mueller

Signature and Title of Affiant
Senior Reservoir Engineer

Dorothy V. Anderson Dorothy V. Anderson
Notary Public in and for Ector
County, Texas

My Commission expires 6-1-75.