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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

I. Operator
Phillips Petroleum Company
Address
Room 806, Phillips Bldg., Odessa, Texas 79761
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Phillips E State	Well No. 23	Pool Name, Including Formation Undesignated Gb/San Andres	Kind of Lease State, Permian	Lease No. B-2229
Location Unit Letter <u>N</u> : <u>2310</u> Feet From The <u>West</u> Line and <u>990</u> Feet From The <u>south</u> Line of Section <u>11</u> Township <u>17-S</u> Range <u>33-E</u> , NMFM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Approved Transporter of Oil <input 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 Approved Transporter of Casinghead Gas <input 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 tank	Unit B	Sec. 15	Twp. 17	Rge. 33	Is gas actually connected? When Yes 2-26-76

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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-11-76	Date Compl. Ready to Prod. 2-26-76 (perf)	Total Depth 4618	P.B.T.D. 4574					
Elevations (DF, RKB, RT, CR, etc.) 4168' RKB	Name of Producing Formation GB/San Andres	Top Oil/Gas Pay 4292	Tubing Depth 4500					
Perforations 4449-54, 4505-10, 4546-51'			Depth Casing Shoe 4618					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	388' (Cmtd w/400 sx Class H w/2% CaCl ₂ + 1/4# Flocele/sx. in first 150 sx. Circulate 30 sx.	
7-7/8"	4-1/2"	4618' (Cmtd 150 sx Class H w/40% DD, 150 sx Class H w/8# salt/sx.)	
	2-3/8" @ 4500 (Temp survey TOC at 2825')		

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 3-8-76	Date of Test 3-9-76	Producing Method (Flow, pump, gas lift, etc.) Insert pump 2"x1 1/2"x16'	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 100	Water-Bbls. 0	Gas-MCF 118

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

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.B. Taylor, Jr.
Staff Director, Reservoir Engineering

(Signature)

(Title)

3-24-76

(Date)

OIL CONSERVATION COMMISSION

APPROVED

MAR 20 1976

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 Undesignated Gb/San Andres County Lea
Operator Phillips Petroleum Company Address Room 711, Phillips Bldg City Odessa, TX
Lease Name Phillips-E State Well No. 23 79761
Location Unit N, 2310 feet from the west line and 990 feet from
south line of Section 11, Township 17-S, Range 33-E

[illegible]

 W.J. Mueller
Signature and Title of Affiant
Engineering Advisor

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

My commission Expires 6-1-77