NO. OF COPIES RECEIVED		i	
DISTRIBUTION			
SANTA FE			
FILE			
v.s.g.s.			
LAND OF FICE			
TRAMSPORTIER	OIL.		
	GAS		
OPERATOR			

			•
DISTRIBUTION .	- YEW MEXICO OIL	CONSERVATION COMMISS	Form C-104
SANTA FE			Supersedes Old C-104 and C-1
FILE	_	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS
LALO OF FICE	_}		
TRANSPORTIER OIL	·		
GAS	_ļ		
OPERATUR			
PRORATION OFFICE Operator			
Phillips Petroleum	Company		
Address	Company		
T '	Bldg, Odessa, Texas 79	1761	
Reason(s) for filing (Check proper bo.		7761	
New Well		Other (Please explain)	
	Change in Transporter of:	<u></u>	:
Recompletion	Oil Dry G	77	
Change in Ownership	Casinghead Gas Conde	ensate	
If change of ownership give name			
and address of previous owner	***	· · · · · · · · · · · · · · · · · · ·	
		•	
II. DESCRIPTION OF WELL AND			
	Well No. Pool Name, Including F		
Phillips E State	24 Maljamar Gb/S	an Andres State, Kan	B2229
Location			
Unit Letter F : 19	80 Feet From The north Li	ne and <u>2180</u> Feet From	The west
Line of Section 14 To	waship 17-S Range	33-E , NMPM, L	ea County
II. DESIGNATION OF TRANSPOR			
Name of Authorized Transporter of Ot	l 📆 or Condensate 🗀	Address (Give address to which appro	oved copy of this form is to be sent)
The Permian Corpor	ation	Box 3119, Midland, Texas 79701	
Name or Vitherized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum		Room 711, Phillips Bldg, Odessa, Texas 79761	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	in gas actually connected? W	hen
give location of tanks.	B 15 17S 33E	Yes	3-8-76
If this production is commingled wi	th that from any other lease or pool,		
V. COMPLETION DATA			
	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty.
Designate Type of Completion	on = (X)	X !	*1
Date Spiazes	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-22-76	3-8-76	4608	4586
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4123 Gr, 4132.5' RKB	Grayburg/San Andres	4267	4571
Perforations 4425-30', 4481	-86', 4521-30', 4533-38'		Depth Casing Shoe
			4608
	TUBING, CASING, ANI	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
121/4	8-5/8"	400 (cmtd w/400 sx class	s H w/2% CaCla& &# Flocel</td></tr><tr><td></td><td></td><td>in 1st 100 sx. Cir</td><td></td></tr><tr><td>7-7/8"</td><td>4-1/2"</td><td></td><td></td></tr><tr><td></td><td>2–3/8"</td><td>4550 8# salt/sx. TOCC 2</td><td>0% DD, 150 sx Class H w/</td></tr><tr><td>V. TEST DATA AND REQUEST F</td><td>OR ALLOWABLE. (Test must be a</td><td>fter recovery of total values of land all</td><td>and must be equal to or exceed top allow-</td></tr><tr><td>OIL WEIL</td><td></td><td>pth or be for full 24 hours)</td><td>and many or edges to or exceed top dison-</td></tr><tr><td>, Date First New Cil Run To Tanks</td><td>Date of Test</td><td>Producing Method (Flow, pump, gas l</td><td>ift, etc.)</td></tr><tr><td>3-23-76</td><td>4-10-76</td><td>Insert pump 2" x 1½"</td><td>x 16'</td></tr><tr><td>Length of Test</td><td>Tubing Pressure</td><td>Casing Pressure</td><td>Choke Size</td></tr><tr><td>24 hrs</td><td></td><td></td><td></td></tr><tr><td>Actual Prod. During Test</td><td>Cil-Bbis.</td><td>Water-Bbls.</td><td>Gas-MCF</td></tr><tr><td></td><td>81</td><td>0</td><td>40</td></tr><tr><td><u> </u></td><td><u> </u></td><td><u> </u></td><td>- <u> </u></td></tr><tr><td>GAS WELL</td><td></td><td></td><td></td></tr><tr><td>Actual Pred. Test-MCF/D</td><td>Length of Test</td><td>Bbls. Condensate/MMCF</td><td>Gravity of Condensate</td></tr><tr><td></td><td></td><td></td><td> </td></tr><tr><td>Testing Method (pitot, back pr.)</td><td>Tubing Pressure (Shut-in)</td><td>Casing Pressure (Shut-in)</td><td>Choke Size</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>I. CERTIFICATE OF COMPLIANCE</td><td>CE</td><td>OII CONSERVA</td><td>TION HOWEVELOW</td></tr><tr><td>. CERTIFICATE OF COMPLIAN</td><td>C EL</td><td>OIL CONTEN</td><td>NOISSIMMOS NOITA</td></tr><tr><td>• 6</td><td>annilation of the All As</td><td>APPROVED</td><td></td></tr><tr><td colspan=2>Commission have been complied with and that the information given</td><td>26.12</td></tr><tr><td>above is true and complete to the</td><td></td><td>BY</td><td>* ESSITE</td></tr><tr><td>// .</td><td></td><td>肝 ニー イス たいかえ ニー</td><td>Service and the service of the servi</td></tr><tr><td></td><td>· ^</td><td>ll</td><td></td></tr><tr><td></td><td>Ĵ.,</td><td>TITLE !</td><td></td></tr><tr><td>M/M_n///</td><td></td><td>· · · · · · · · · · · · · · · · · · ·</td><td>compliance with RJLE 1104.</td></tr><tr><td>Medical (Signal</td><td>W. J. Mueller</td><td>This form is to be filed in If this is a request for allow</td><td>compliance with RULE 1104, wable for a newly drilled or deepened injed by a tabulation of the deviation</td></tr></tbody></table>

Engineering Advisor

(Title)

4-13-76 (Date)

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.

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.