DISTRIBUTION SANTA FE	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
FILE U.S.G.S.	4	AND ISPORT OIL AND NATURAL G	AS
LAND OFFICE	AUTONIZATION TO TRAN		
TRANSPORTER OIL GAS	1		
OPERATOR PRORATION OFFICE			
Operator Phillips Petroleum Comp	any		
Address Phillips Euilding, Odes	sa, Texas 79761		
Reason(s) for filing (Check proper box)	Other (Please explain)	com Wyatt Phillips to
New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens	Wyatt Federal "A'	, effective 3-19-74
If change of ownership give name and address of previous owner	E. D. Spears, Box 1589, 1	Hobbs, New Mexico 88240)
DESCRIPTION OF WELL AND	LEASE	rmation Kind of Lease	
Lease Name Nyatt B sacr al "A"	10 Maljamar (G-SA	.) State, Federal	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Unit Letter <u>'G</u> ; <u>16</u>	50 Feet From The North Line	and 1650 Foot From 7	TheEast
	wrighting 17-5 Range	33-Е , ммри,	Lea County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	5	the form in to be const.
Name of Authorized Transporter of Ct	1 👔 or Condensate 🗌 🛛	Address (Give address to which approx Box 1510, Midland, Te	
Texas-New Mexico Pipel: Name of Authorized Transporter of Co	ine Uompany minghead Gas 🖂 or Dry Gas 🗌	Address (Give address to which approx	ued copy of this form is to be sent;
Phillips Petroleum Com	pany	Phillips Building, Cd	er.
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. E 33 17-S 33-E		9-25-61
If this production is commingled w	ith that from any other lease or pool, g	give commingling order number:	etter dated 2-9-53
COMPLETION DATA	Cii Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Dift. Resty.
Designate Type of Complet	$\frac{1}{100 - (\lambda)}$	Total Depth	P.B.T.D.
Date Spudded	Date Compt. Heady to From		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
		CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTHSET	
TEST DATA AND REQUEST	FOR ALLOWAELE (Test must be a	fter recovery of total volume of load oil opth or be for full 24 hours)	land must be equal to or exceed top allow
OII. WELL Date Flist New Oil Bun To Tanks	Date of Test	Producing Method (Flow, pump, gds l	ifi, etc.)
Length of Test	Tubing Pressue	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bble.	Gas - MCF
GAS WELL	Landb of Tast	Bble. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-18)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIA	NCE		ATION COMMISSION
	d regulations of the Oil Conservation d with and that the information given		
Commission have been compile above is true and complete to	the best of my knowledge and belief.	BY	interez in Super-
Elis		a second s	a compliance with RULE 1104. owable for a newly drilled or despense and by a rebulation of the deviation
(5	ignature)	well, this form must be accomp tests taken on the well in acc	ordance with RULE 111.
Production Clerical		All sections of this form r able on new and recompleted	nust be filled out completely for allow
9-6-74	(Title)	mus south produce t	II. III, and VI for changes of owner orter, or other such change of condition
La	(Date)	Separate Forms C-104 mi	uat be filed for each pool in multipl
		completed wells.	