Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico .gy, Minerals and Natural Resources Departmen .

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

P.O. BOX 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088

-					SLE AND								
I. Operator	AND NATURAL GAS Well API No.												
Phillips Petroleum Com	30-025-01423												
Address	Jany								)-025-01	_423			
4001 Penbrook St., Odes	cea TY	79762											
Reason(s) for Filing (Check proper box)	, II.	73702			Oti	ner (Please e	rnlai	in)		-			
New Well		Change in 7	Transpo	rter of:		(0 0		,					
Recompletion	Oil		Dry Ga										
Change in Operator	Casinghead	_	Conden		EFFE	CTIVE:	7	/10/92					
if change of operator give name	2 041	1.0		· · · · · · · · · · · · · · · · · · ·									
and address of previous operator ARCO	0 0il ar	<u>nd Gas</u>	Com	pany, F	, O. Bo	x 1610.	, M	idland,	TX 797	<u>'02</u>	<del></del>		
II. DESCRIPTION OF WELL	AND LEA	SE											
Lease Name	Well No. Pool Name, Includi				=				f Lease No.				
State F TG	2 Vacuum Gra				yburg San Andres State,				Federal or Fe	ederal or Fee B-2229			
Location													
Unit LetterH	_ :1 <u>9</u>	1801	Feet Fro	om The	_N Lin	e and	_ 6	60 Fe	et From The	E	line		
Section 36 Township	, 17 So	usth .	_	22 Ea	\a_ <del>+</del>				T				
Section 30 Township	, 17 30	- Turn	Range	33 Ea	ist N	MPM,		<del></del>	Lea		County		
III. DESIGNATION OF TRAN	CDADTEL	OF OU	I A B.D	D BIATTI	DAT CAS								
Name of Authorized Transporter of Oil		or Condens		U NATU		w address to	o whi	ch approved	com of this t	form is to be s	ent)		
Texas New Mexico Pipeli	Address (Give address to which approved copy of this form is to be sent)  P. O. Box 1510, Midland, TX 79702												
Name of Authorized Transporter of Casing		X	or Dry	Gas 🗍	Address (Give address to which approved copy of this form is to be sent)								
GPM Gas Corporation			,		4044 Penbrook, Odessa, TX 79762								
If well produces oil or liquids,	Unit :	Sec.	Twp.	Rge.									
give location of tanks.	G		17S	33E	YES			1	March 19	. 1955			
f this production is commingled with that f	rom any othe	r lease or po	ool, giv	e commingl	ing order nur	ber:							
V. COMPLETION DATA		·											
Designate Time of Completion	<b>(V)</b>	Oil Well	0	as Well	New Well	Workove	r	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		Ĺ				<u></u>	1		Ļ				
Date Spudded	Date Compi.	. Ready to i	Prod.		Total Depth				P.B.T.D.	P.B.T.D.			
FI CONTRACTOR OF THE CONTRACTO						Top Oil/Gas Pay Tubing Deni							
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation										Tubing Depth			
Perforations										ng Shoe			
										ag caree			
	CEMENTING RECORD												
HOLE SIZE CASING & TUBING SIZE					DEPTH SET					SACKS CEMENT			
V. TEST DATA AND REQUES													
OIL WELL (Test must be after re			f load o	il and must						for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Test				Producing M	ethod (Flow	, pur	up, gas lift, e	1c.)				
ength of Test Tubing Pressure					Casing Press				Choke Size	Choke Size			
gth of Test Tubing Pressure					Casing riess	ше			Choke Size	0.000			
ctual Prod. During Test Oil - Bbls.					Water - Bbis				Gas- MCF				
Oli - Dols.					, , , , , , , , , , , , , , , , , , ,								
CACHELL	<u> </u>			•	ł				<u> </u>				
GAS WELL Actual Prod. Test - MCF/D	Tanak at T.				Dhia Canda	- A DICE			Convinues of C	andan cata			
Actual Prod. 188 - MCP/D	Length of Test				Bbls. Condensate/MMCF				Gravity of C	Gravity of Condensate			
esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size				
coming traceinou (paint, catch pr.)						Caring 1 restate (onto m)							
VI. OPERATOR CERTIFICA	ATE OF	COLOT	TART	CE	\r			<u>=</u> .	<u> </u>				
				CE	(	OIL CO	NC:	SERV	ATION	DIVISIO	N		
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above						JUL 29'92							
is true and complete to the best of my knowledge and belief.						Date Approved							
Qr ~	_				Dale	· whhio,	veu	·					
J.M. Sanders						OBICIAL	AI C	CICARED E	v Pedal V	CALUM			
Signature Company Devil C. Pour						By ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR							
L. M. Sanders Supervisor, Regul. & Pro.							! در س	الاست بدرست.	or and + (30)	•			
Printed Name Title 7/23/92 (915) 368-1488													
Date		Telepi	hone No	0.	11								
		<u> </u>			11								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.