NO. OF COPIES REC	EIVED	j	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROPATION OFFICE			_

	DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMM	iSSiCa	Form C-104			
	SANTA FE	REQUEST	FOR ALLOWABLE		Supersedes Old C-104 and C-11			
	FILE	AND			Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRA		VATURAL GAS				
	LAND OFFICE	AUTHORIZATION TO TRA	THO OR FOLL AND I	TATORAL OAS				
	OIL		-					
	TRANSPORTER GAS	· ·						
	OPERATOR	-	* <b>*</b>	* 2				
_		_	i de la companya de					
1.	Operator	1	5 - 20A	<del></del>	· · · · · · · · · · · · · · · · · · ·			
	-							
	Address	rvice Oli Compeny						
		***						
	Box 69 = Hobbs,		Other (Please	- ountain)				
	Reason(s) for filing (Check proper box		, i					
	New Well	Change in Transporter of:		will name from	m Philmex #}			
	Recompletion	Oil Dry Go		S.S.A.U. Tr	. 4-3			
	Change in Ownership	Casinghead Gas Conde	nsate					
	If change of ownership give name			D	: 7.7			
	and address of previous owner	Phillips Petroleum Co.	<u> </u>	Bartlesvi	lle, Okla.			
II.	DESCRIPTION OF WELL AND		`armattan	Kind of Lease	Lease No.			
	Lease Name							
	5.A.6.5.A.U. Tr. 4	3 Maljamer Gray	outy SA	State, Federal or Fe	* State 5-2229			
	Location							
	Unit Letter;	Feet From The <b>MOTE</b> Lir	ne and	Feet From The	Mes.t			
	and in a	•	de son refe	_				
	Line of Section 25 Tov	wnship 75 Range	, NMPM	·	County			
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Cive address	to which approved co	py of this form is to be sent)			
	Name of Authorized Transporter of Oil		1		y of this form is to be senty			
	Tenes-Haw Henico Pig		ten 1510 - M	diand. Temas	py of this form is to be sent)			
	Name of Authorized Transporter of Ca				y by this form is to be sent)			
	Phillips Petroleum Com		Ban 6666 - 0					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected					
	give location of tanks.	£ 29 175 33E	Yes	4=	17-59			
	If this production is commingled wi	th that from any other lease or pool,	give commingling order	r number:	3134			
	COMPLETION DATA							
	Designate Type of Completic	Oil Well Gas Well	New Well Workover	Deepen Plug	Back   Same Resty. Diff. Resty.			
	<del>-</del>							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.	.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubi	ing Depth			
				Don	th Casing Shoe			
	Perforations			Dept	n Casing Shoe			
		TUBING, CASING, AN						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET	SACKS CEMENT			
			<u> </u>					
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volu	me of load oil and mi	ist be equal to or exceed top allow-			
	OH. WELL able for this depth or be for full 24 hours)							
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flou	v, pump, gas lift, etc.	,			
	Length of Test	Tubing Pressure	Casing Pressure	Chol	ke Size			
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas	- MCF			
			<u> </u>					
					•			
	GAS WELL		<del></del>					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F Grav	vity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut	-in) Chol	ke Size			
VΙ	CERTIFICATE OF COMPLIAN	CE	OIL	CONSERVATION	N COMMISSION			
· 4.	CERTIFICATE OF COMPLIANCE							
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information gives above is true and complete to the best of my knowledge and belief		regulations of the Oil Conservation	APPROVED		, 19			
		with and that the information given						
		BY						
			TITLE					

ORIGINAL SIGNI G. D. ROBERTSO		
District C	(Signature)	
November 4	(Title)	

(Date)

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.