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	SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER GAS	AUTHO	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-116 Effective 1-1-65		
	OPERATOR PRORATION OFFICE									
Ι.,	Operator	alaım Cama								
	Phillips Petr									
	Phillips Buil Reason(s) for filing (Check proper box		ssa, Texas		Other (Please expla	(n.1				
	New We!l	•	Transporter of:		To segrega	•	by tank b	atterv		
	Recompletion Change in Ownership	Oil Casinghed	Dry Go	<u> </u>	assignmen					
	If change of ownership give name					·	Jul	10B		
	and address of previous owner	T DAGE					0	S CF		
11.	Vacuum Abo Unit, Battery # Well No. Pool Name, Including F			ormation		of Lease		Lease No.		
	2 - Tr. 13	9	Vacuum Abo I	Reef	State,	Federal or Fee	State!	CE 0.		
	Unit Letter D; 330	Seet From	m The North Lir	ne and	660 Fee	t From The	West			
	Line of Section 3 To	wnship 185	Range	35E	, NMPM,	Le	a .	County		
III.	DESIGNATION OF TRANSPOR	TER OF OIL	AND NATURAL GA	ıs						
Ī	Name of Authorized Transporter of Off Texas-New Mexico Pipe		ondensate 🔲	`	Give address to whic 1510 - Midle			to be sent)		
	Name of Authorized Transporter of Ca	singhead Gas 🔀		Address (Give address to whic	h approved cop	y of this form is	to be sent)		
	Phillips Petroleum Com If well produces oil or liquids,	Unit Sec.	Twp. Rge.		Llips Buildir	when	a, Texas			
	give location of tanks,	F 4	18S 35E		Yes		NR			
	If this production is commingled wi COMPLETION DATA			give comm	ningling order numb	er:				
	Designate Type of Completi		il Well Gas Well	New Well	Workover Dee	epen Plug	Back Same Re	es'v. Diff. Res'v.		
	Date Spudded	Date Compl. R	eady to Prod.	Total Dep	th	P.B.7	r.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	cing Formation	Top Oil/C	Gas Pay	Tubin	ng Depth			
	Perforations			Der		Depth	epth Casing Shoe			
	. C.									
ŀ	TUBING, CASING, AND HOLE SIZE CASING & TUBING SIZE			D CEMENTING RECORD DEPTH SET			SACKS CEMENT			
v	TEST DATA AND REQUEST F	OR ALLOWAL	RI.E. /Test must be a	fter recover	y of total volume of l	oad oil and mus	it he equal to or	exceed top allows		
	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Bun To Tanks Date of Test				ifter recovery of total volume of load oil and must be equal to or exceed top allow- epth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)					
	Date I list ivew Off itali to Tailes									
	Length of Test	Tubing Pressu	r e	Casing Pr	essure	Choke	e Size			
ļ	Actual Prod. During Test	Oil-Bbls.		Water - Bb	ls.	Gas-	MCF			
1,							· - · · · · · · · · · · · · · · · · · · ·			
ſ	GAS WELL Actual Prod. Test-MCF/D	Length of Test	<u> </u>	Bbls. Con	densate/MMCF	Gravi	ty of Condensate	•		
,					4 Chart 4 m 1	Ch.)	- 6/			
	Testing Method (pitot, back pr.)	Tubing Pressu	re (Shut-1n)	Casing Pr	essure (Shut-in)	Choke	e Size			
VI.	CERTIFICATE OF COMPLIAN	CE			OIL CONS	ERVATION	COMMISSIC)N		
	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.			APPROVED						
				TITLE						
	Ela 12				This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or de			led or deepened		
	(Signature) Region Office Supervisor			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.						
(Title)					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.					
	July 13, 1967 (Date)									

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.