

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Note: This well is in same unit as #38; is 467' from that well.
Total allowable for both to be limited to one top unit allowable.

I. Operator
Phillips Petroleum Company
Address
Room 711, Phillips Building, Odessa, Texas 79761
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Santa Fe	Well No. 123	Pool Name, including Formation Vacuum Grayburg/San Andres	Kind of Lease State, XXXXXXX	Lease No. B-2073
Location Unit Letter <u>B</u> ; <u>330</u> Feet From The <u>north</u> Line and <u>2310</u> Feet From The <u>east</u> Line of Section <u>5</u> Township <u>18-S</u> Range <u>35-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico P. L. Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Room 711, Phillips Bldg., Odessa, Texas 79761					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 5	Twp. 18	Rge. 35	Is gas actually connected? Yes	When 8-15-73

If this production is commingled with that from any other lease or pool, give commingling order number: CTB 126

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X					X		X
Date Spudded 9-29-64 PB = 8-7-73	Date Compl. Ready to Prod. 8-8-73		Total Depth 6300'		P.B.T.D. 5052'			
Elevations (DF, RKB, RT, GR, etc.) 3970' RKB	Name of Producing Formation Grayburg/San Andres		Top Oil/Gas Pay		Tubing Depth 4661'			
Perforations 4420-40', 4476-86', 4508-18', 4525-35', 4582-86', 4604-14', 4619-25'					Depth Casing Shoe 6299'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1586' (1050 sx cmt. Circ 140 sx.)					
7-7/8"	4-1/2"		6299' (870 sx cmt. Temp survey TOC at 2450'.)					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

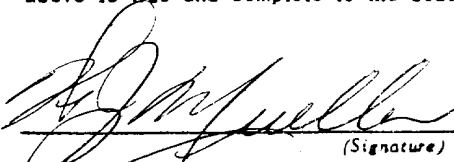
Date First New Oil Run To Tanks 8-12-73	Date of Test 8-16-73	Producing Method (Flow, pump, gas lift, etc.) Pump - 2" x 1-1/4" x 12'	
Length of Test 24	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 78	Water-Bbls. 3	Gas-MCF 62

GAS WELL

Actual Prod. Test-MCF/D ---	Length of Test ---	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) ---	Tubing Pressure (shut-in) ---	Casing Pressure (shut-in) ---	Choke Size ---

VI. CERTIFICATE OF COMPLIANCE

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.


W. J. Mueller
(Signature)
Senior Reservoir Engineer
(Title)
9-6-73
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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

INCLINATION REPORT

Field Name Vacuum Grayburg/San Andres County Lea
Operator Phillips Petroleum Company Address Rm. 711, Phillips Bldg City Odessa, Tx.
Lease Name Santa Fe Well No. 123
Location Unit B 330 feet from the north line and 2310 feet from

RECORD OF INCLINATION

I hereby certify that I have personal knowledge of the data and facts placed on this form and that such information given above is true and complete.

W. J. Mueller W. J. Mueller
Signature and Title of Affiant
Senior Reservoir Engineer
6th day of September

My Commission Expires: 6-1-75.