

NO. OF COPIES RECEIVED	
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  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

**I. Operator**  
**Phillips Petroleum Company**

**Address**  
**Room B-2 Phillips Bldg., Odessa, Texas 79760**

**Reason(s) for filing (Check proper box)**

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
		Casinghead Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain.)

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Santa Fe, Btry. 3</b>	Well No. <b>115</b>	Pool Name, Including Formation <b>Vacuum Grayburg/San Andres</b>	Kind of Lease State, Federal or Free	Lease No. <b>B-2131</b>
Location				
Unit Letter <b>C</b>	<b>330</b>	Feet From The <b>north</b>	Line and <b>1650</b>	Feet From The <b>west</b>
Line of Section <b>4</b>	Township <b>18-S</b>	Range <b>35-E</b>	, NMPM, <b>Lea</b> County	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
<b>Texas-New Mexico Pipeline Company</b>	<b>Box 1510, Midland, Texas 79701</b>				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
<b>Phillips Petroleum Company</b>	<b>Room B-2 Phillips Bldg., Odessa, Texas 79760</b>				
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>5</b>	Twp. <b>18</b>	Rge. <b>35</b>	Is gas actually connected? When <b>Yes 9-13-70</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **No**

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>8-29-70</b>	Date Compl. Ready to Prod. <b>9-13-70</b>	Total Depth <b>4805</b>	P.B.T.D. <b>4660</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3942' GR, 3952' DF</b>	Name of Producing Formation <b>San Andres</b>	Top Oil/Gas Pay <b>4476</b>	Tubing Depth <b>4511</b>					
Perforations <b>4580-86', 4598-4608', 4616-18', 4622-28'</b>						Depth Casing Shoe <b>4801</b>		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
<b>12-1/4"</b>	<b>8-5/8"</b>	<b>361'</b>	<b>(300 ax Class H. Circ 95 ax)</b>					
<b>7-7/8"</b>	<b>4-1/2"</b>	<b>4801'</b>	<b>(150ax Class H w/40% DD &amp; 125 ax Class H neat. TOC @ 2650')</b>					
	<b>2-3/8" tubing</b>	<b>4566'</b>						

**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)

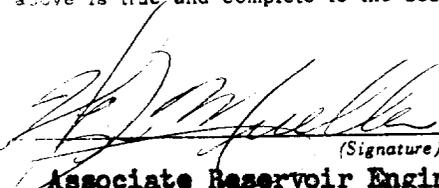
Date First New Oil Run To Tanks <b>9-14-70</b>	Date of Test <b>9-15-70</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flowing</b>	
Length of Test <b>8 hours</b>	Tubing Pressure <b>140#</b>	Casing Pressure <b>-</b>	Choke Size <b>1/2</b>
Actual Prod. During Test	Oil-Bbls. <b>128</b>	Water-Bbls. <b>0</b>	Gas-MCF <b>57.6</b>

**GAS WELL**

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

**CERTIFICATE OF COMPLIANCE**

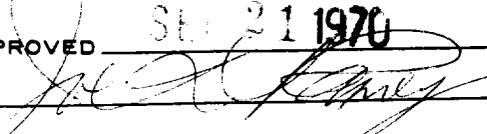
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
**W. J. Mueller**  
(Signature)  
**Associate Reservoir Engineer**  
(Title)

**September 16, 1970**  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED SEP 21 1970, 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 completed wells.

RECEIVED

SEP 16 1970

U.S. DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT