	NO. OF COPIES RECEIVED	_							
	DISTRIBUTION	1							
	SANTA FE		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-11					
	FILE	REQUEST	FOR ALLOWABLE AND	Effective 1-1-65					
	U.S.G.S.	ALITHOPIZATION TO TR	AND ANSPORT OIL AND NATURAL	CAS					
	LAND OFFICE	_ AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	. GAS					
	TRANSPORTER OIL								
	GAS OPERATOR	_							
	PRORATION OFFICE	-							
1.	Operator								
	Phillips Petreleum Cempany Address								
	Recen B-2, Phillips Building, Odessa, Texas 79760 Reason(s) for filing (Check proper box) Other (Please explain)								
	New Well	Change in Transporter of:	THIS WELL FOR	DOMEST ADDA ON THE PARK					
	Recompletion	Oil Dry C	Gas City	The first of the second of the					
	Change in Ownership	Casinghead Gas Cond	ensate						
	If change of ownership give name								
	and address of previous owner								
II.	DESCRIPTION OF WELL AND LEASE								
	Lease Name	Well No. Pool Name Including	Formation Kind of Le	ase Lease No.					
	Philmex	11 Undesignate	R-4063 State	B-2229					
	Location			-					
	Unit Letter P ; 660	Feet From The south L	ine and660 Feet Fro	m The					
	Line of Section 27 To	ownship 17-8 Range	33-E , NMPM,	Lea County					
III.		RTER OF OIL AND NATURAL G							
	Name of Authorized Transporter of O.	il 🛣 or Condensate 🗀	Address (Give address to which app	proved copy of this form is to be sent)					
	Name of Authorized Transporter of C	Line Company	Bex 1510, Midland, To	EXAS 79701					
		_		proved copy of this form is to be sent)					
	Phillips Petroleum Co		Reem B-2, Phillips Br	rilding, Odesse, Tex. 79760					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		When					
	give location of tanks.	E 27 17 33	Yes	9-2-70					
		vith that from any other lease or pool	, give commingling order number:						
IV.	COMPLETION DATA		-						
	Designate Type of Complet	ion - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.					
		<u> </u>	X						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	Elevations (DF, RKB, RT, GR, etc.)	8-31-70 Name of Producing Formation	47021	4694					
			Top Oil/Gas Pay	Tubing Depth					
	Perforations	Grayburg/San Andres	45041	Depth Casing Shoe					
		F(A SA) 1/21 /11		-					
	4504-10', 4522-36', 4		UD CEMENTING RECORD	47021					
	HOLE SIZE	CASING & TUBING SIZE	ND CEMENTING RECORD	SACKS CEMENT					
	12-1/4"	8-5/8#							
	7-2/11	1-1/2H		lass H. Circ 10 ex)					
	[-X4"	K=1/2"		lass H nest. TOC @ 26251)					
		2-3/8" tubing	46901	125 H DESC. 100 W 2025-)					
T 7	Trom DAMA AND REQUEST I		• • • • • • • • • • • • • • • • • • • •						
٧.	TEST DATA AND REQUEST I		depth or be for full 24 hours)	oil and must be equal to or exceed top allow-					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)					
	September 3, 1970	9-8-70	Floring						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
	6 heurs	160#	50 0#	1/2"					
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF					
		225	0	256					
	GAS WELL								
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					
	<u> </u>	İ							
ν/Υ.	CERTIFICATE OF COMPLIANCE		OIL CONSER	VATION COMMISSION					
	THE TOTAL OF COME MELLING								
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED , 19						
	Loramission have been complied with and that the information given								
	above is true and complete to the best of my knowledge and belief.		BY						
			TITLE						
	00001	<u> </u>	₩ ./	in compliance with RULE 1104.					
	2 11 1/2/21 /	A 10	" THIS TOTAL IS TO DE THEU I						

• /,		•			
Mulle	- 1	W.	J.	Mueller	
(Signature)					
Associate Reserveir Eng	dn	993	•		
(Title)					

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 10 1970

ON CONSEPRATION OF M.