

DISTRIBUTION		P. O. BOX 2088	
SANTA FE		SANTA FE, NEW MEXICO 87501	
FILE			
CLASS.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
FORMATION OFFICE			
Operator PHILLIPS PETROLEUM COMPANY			
Address 4001 Penbrook Odessa, Texas 79762			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	Changed from	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Phillips Oil Company August 1, 1985	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of ownership give name and address of previous owner PHILLIPS OIL COMPANY 4001 Penbrook Odessa, Texas 79762			
DESCRIPTION OF WELL AND LEASE			
Lease Name Philmex	Well No. 12	Pool Name, including Formation Maljamar Grayburg San Andres	Kind of Lease State, Federal or Fee State
Location Unit Letter D : 660 Feet From The North Line and 660 Feet From The West			Lease B-2229
Line of Section 35 Township 17 S Range 33 E NMPM, Lea			Cou
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 Pipeline Company		Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528 Hobbs, N. M. 88240	
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) 4001 Penbrook Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 35	Twp. 17S
			Rgs. 33E
			Is gas actually connected? Yes
			When 5-1-73
If this production is commingled with that from any other lease or pool, give commingling order number:			
COMPLETION DATA			
Designate Type of Completion - (X)			
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	Tubing Depth
Perforations			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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 able for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (psol, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			
A. L. Rose G. L. Rose			
(Signature)			
Controller			
(Title)			
August 1, 1985			
(Date)			
OIL CONSERVATION DIVISION			
APPROVED AUG 12 1985			
ORIGINAL SIGNED BY JERRY SEXTON			
BY DISTRICT SUPERVISOR			
TITLE			
This form is to be filed in compliance with RULE 1104.			
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.			
All sections of this form must be filled out completely for able on new and recompleted wells.			
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of con			
Separate Forms C-104 must be filled for each pool in ma recompleted wells.			

RECEIVED

AUG -8 1985

002
HOLDS OFFICE