

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 completion date below: Well drilled 11-12-70, tested and shut in as non-commercial producer. Has now been activated with pumping equipment installed. Form C-105 filed 12-14-70. Inclination report also filed that date.

Operator Phillips Petroleum Company	
Address Room 711, Phillips Bldg., Odessa, Texas 79761	
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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <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 ownerTHIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Philmex	Well No. 12	Pool Name, Including Formation Undesignated-Grayburg/San Andres	Kind of Lease State	Lease No. B-2229
Location				
Unit Letter D	660	Feet From The north	Line and 660	Feet From The west
Line of Section 35	Township 17-S	Range 33-E	NMPM, Lea	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 Pipe Line 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					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 27	Twp. 17	Rge. 33	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:

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 11-3-70	Date Compl. Ready to Prod. * 11-12-70 (5-1-73)	Total Depth 4790	P.B.T.D. 4585					
Elevations (DF, RKB, RT, GR, etc.) 4144' RKB, 4134' Gr	Name of Producing Formation Grayburg/San Andres	Top Oil/Gas Pay 4150	Tubing Depth 4510'					
Perforations 4556-78'	Depth Casing Shoe 4789'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	370'	(350sx Class H w/2%CaCl2 in first 150 sx (Circ 75 sx.)					
7 7/8"	4 1/2"	4789'	(150 sx Class H 40%DD & 150 sx Class H neat. Temp survey TOC at 2750'					

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 5-1-73	Date of Test 5-3-73	Producing Method (Flow, pump, gas lift, etc.) Insert Pump - 2" x 1 1/4" x 12'	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test (Qty 36)	Oil-Bbls. 4	Water-Bbls. 22	Gas-MCF 2 (GOR 540/1)

GAS WELL

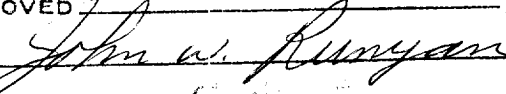
Actual Prod. Test-MCF/D -	Length of Test -	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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)
5-23-73.
(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 allow-
able 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.