

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-1
Effective 1-1-65

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
PHILLIPS PETROLEUM COMPANY

Address
4001 Penbrook Street, Odessa, Texas 79762

Reason(s) for filing (check proper box):

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Other (Please explain) Order No. 5871 Change
Recompletion ☐ of lease name because of Unitization.
Change in Ownership ☒ Gashead Gas ☐ Condensate ☐ Formerly: Warn State A/C 5 #1

If change of ownership give name and address of previous owner: Marathon Oil Company, P. O. Box 2409, Hobbs, New Mexico 88240

I. DESCRIPTION OF WELL AND LEASE

Lease Name East Vacuum GB-SA	Well No. 001	Pool Name, including formation Vacuum GB-SA	Kind of Lease	County No. B-1713
Unit Tract No. 0434			State TEXAS	
Location				
Unit Letter B	330	Feet From The North	2310	Feet From The East
Line of Section 4	Township 18-S	Range 35-E	NMPM, Lea	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)			
The Permian Corporation	Box 1183, Houston, Texas 77001			
Name of Authorized Transporter of Gashead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)			
Phillips Petroleum Company	4001 Penbrook St., Odessa, Texas 79762			
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 4	Twp. 18-S	Rge. 35-E
				No XXX
				When XXXXXXX

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.R.T.D.					
Elevations (DF, RAB, 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					

IV. 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)

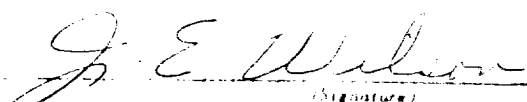
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

V. 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.


(Signature)

PRODUCTION CLERICAL SUPERVISOR

(Title)

(Date)

12-27-78

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 compartmented wells.