STATE OF NEW MEXICO	·	· .	Form C-104
IERGY AND MINERALS DEPARTMENT	OIL CONSERVA	TION DIVISION	Revised 10-1-78
11111 M (MUT 10H	P. O. BO	X 2088 V MEXICO 87501	
5ANTA FR	SANIA PE, NEW	MEXICO UTSOT	
LAND DFFICE	REQUEST FOR	R ALLOWABLE	•
TRANSPORTER OIL	A	ND	
OPERATION PADRATION OPPICE Operator	AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS	
Phillips Oil	Company	·····	
	, Odessa, Texas 79762	Other (Please explain)	
Reason(s) for filing (Check proper bai New Well	s) Change in Transporter of:	Uner (Prease Explain)	
Recompletion			
Change in Ovnership	Casinghead Gas Conder		
If change of ownership give name and address of previous owner	Phillips Petroleum	Company, Odessa, Texas	79762
L DESCRIPTION OF WELL AND	LEASE.	ormation Kind of Lev	Lease No.
Lease Name	Well No. Pool Name, Including F 9 Vacuum (G-		_
Location		<u>~~</u>	
Unit Letter;!	980 Feet From The <u>south</u> Lin	e and <u>660</u> Feet From	
Line of Section 20 T.	mship 17-S Range	34-Е , мири,	Lea County
Name of Authorized Transporter of Ci	TER OF OIL AND NATURAL GA	S Address (Give address to which app	roved copy of this form is to be sentj
TA Name of Authorized Transporter of Co	asingheed Gas 📄 or Dry Gas 🗍	Address (Give address to which app	roved copy of this form is to be sentj
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	when
give location of tanks.		give commingling order number:	
If this production is commingled w 	ith that from any other lease or pool,		Plug Back ¹ Same Res'v. Dill. Res'v.
Designate Type of Completi	ion = (X)	New Well Workover Deepen	
Date Spuddec	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (L.F., RKB, RT, GR, etc.)	Name of Producing Formation	Top Otl/Gas Pay Tubing Depth	
Perforations		1	Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		1	il and must be equal to or exceed top allow-
'. TEST DATA AND REQUEST F	OR ALLUMABLE (Test must be a able for this de	pth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	1171, 2 10-7
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Oll-Bble.	Water-Bbls.	Gas - MCF
Actual Prod. During Test			
GAS WELL			· · · · · · · · · · · · · · · · · · ·
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (publ, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
L CERTIFICATE OF COMPLIAN	_1	DIL CONSERV.	ATION DIVISION
I hereby cer lfy that the rules and regulations of the Oll Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED OCT 4	1002
		BY ORIGINAL SIGNED BY EDDIE SEAY	
· · · · · · · · · · · · · · · · · · ·			
CR KOV		This form is to be filed in compliance with FULE 1104. If this is a request for allowable for a newly drilled or deepene.	
(Signature)		well, this form must be accompanied by a tabulation of the deviation of th	
Production Records Supervisor		Att sections of this form must be fulled out completely for allow-	
C_{-} 79-83		able on new and recompleted Fill out only Sections I.	II III and VI for changes of owner.
<u> </u>	Date)	wall name or number, or tranep	ust he filzd for each pool in multiply
		completed wella.	