NO. OF COPIES RECE	IVED		
DISTRIBUTION			
SANTA FE			
FILE			
u.s.g. s .			
LAND OFFICE			
TRANSPORTER	OIL	<u> </u>	
	GAS	<u> </u>	
OPERATOR		<u> </u>	
PRORATION OFFICE			

March 1, 1982 (Daye)

-	DISTRIBUTION SANTA FE		NSERVATION COMMISSION OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110		
	FILE		AND	Effective 1-1-65		
	u.s.g.s.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	AS .		
	LAND OFFICE					
	TRANSPORTER GAS					
	OPERATOR	API No. 30-025-02829				
ı.	PRORATION OFFICE Operator	API No. 30-023-02023				
	Phillips Petroleum Company Address					
	Room 401, 4001 Penbrook	. Odessa, TX 79762				
	Reason(s) for filing (Check proper box)	1	Other (Please explain)			
	New Well	Change in Transporter of:	Re-Entry			
	Recompletion	Oil Dry Gas				
	Change in Ownership	Casinghead Gas Condens	idie 🔲]			
	If change of ownership give name and address of previous owner					
	TOOPING OF WELL AND	FACE				
1.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including For	rmation Kind of Lease	Lease No. B-936		
	* -	1903 002 Vacuum Gb/SA	State, Federal	or Fee State B-936		
	Location					
	Unit Letter L; 19	980 Feet From The south Line	and 660 Feet From T	he west		
		. 17.6 Pmc 25	5-E , NMPM,	Lea County		
11.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GAS	Vodiess (Cine agains 2 to mutch obliga	ed copy of this form is to be sent)		
	Texas-New Mexico Pipel:	ine	P. O. Box 2528, Hobbs,			
	Name of Authorized Transporter of Car	singhead Gas 📉 or Dry Gas 🗔	Address (Give address to which approv	ed copy of this form is to be sent)		
	Phillips Petroleum Com	pany	4001 Penbrook, Odessa,			
	If well produces oil or liquids,	Unit Sec. Twp. Hge.	Is gas actually connected? Whe	į		
	give location of tanks.	J 19 17-S 35-E	Yes	2-16-82		
ïV	If this production is commingled wi . COMPLETION DATA	th that from any other lease or pool,	New Well Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic					
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spudded 12-16-38 (re-entry) 10-27-80	2-19-82	4677'	4677'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	3983' GR. 3995' RKB	Grayburg/San Andres	43441	4628 Depth Casing Shoe		
	Perforations 4365			4365'		
	Open hole TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	10-3/4"	40#	220'	125 sx, circ'd.		
	7-5/8"	26.40#	1691'	400 sx		
	5-1/2"	17#	4365' 4628'	275 sx		
		2-3/8"		and must be equal to or exceed top allow		
V	TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a able for this de	epth or be for full 24 hours)			
	OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
	2–16–82	2-18-82	$2" \times 1 - 1/2" \times 20'$ i	nsert pump Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure			
	24 hrs	Oil - Bbis.	Water - Bbis.	Gas-MCF		
	Actual Prod. During Test	27.3	22.15	23		
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
			Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				
	OIL CONSERVATION COMMISSION		ATION COMMISSION			
V	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. BY DISTRICT 1 SUPR. 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 device taken on the well in accordance with RULE 1111.					
			APPROVED MANAL SIGNED	APPROVED MAL SIGNAL BY		
			BY IFRRY SEXTON DISTRICT 1 SUPR.			
			TITLE	This form is to be filed in compliance with RULE 1104.		
			18			
			I II II I I I I I I I I I I I I I I I			
	Senior Engineerin	ng Specialist Tule)	All sections of this form make able on new and recompleted w	ust be illied out completely for allow		
(1 1002)			H			

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

MAR - 5 1982

O.C.D. HOSS OFFICE