NO. OF COPIES RECEIVED

DISTRIBUTION

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OPERATOR

Form C-104
Supersedes Old C-104 and C-116
Effective 1-1-65

I. Operator: PHILLIPS PETROLEUM COMPANY

Address: 4001 PENBROOK, ODESSA, TEXAS

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Operator

Other (Please explain): Cedar No. 9871 Change of Operator name because of Unitization. Formerly: Phillips - Santa Fe # 82

If change of operator give name and address of previous operator: Phillips Petroleum Co., 4001 Penbrook St., Odessa, Texas 79762

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Unit Tract 2060 082

Well No.

Pool Name, Including Formation: Blinebry

Kind of Lease: State, Federal or Fee: B-2388

Location

Unit Letter K: 1650 South, 1980 West

Line of Section 20, Township 17S, Range 35E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: Texas-New Mexico Pipeline Co.

Address (Give address to which approved copy of this form is to be sent): P.O. Box 1508, Hobbs, N.M. 88240

Name of Authorized Transporter of Casinghead Gas or Dry Gas: Phillips Petroleum Co.

Address (Give address to which approved copy of this form is to be sent): 4001 Penbrook St., Odessa, Texas 79762

If well produces oil or liquids, give location of tanks: Unit K Sec. 20 Twp. 17S Rge. 35E

Is gas actually connected? Yes

When: 12-1-78

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

IV. COMPLETION DATA

Designate Type of Completion: Oil Well / Gas Well / New Well / Workover / Deepen	Plug Back / Same Res. / Diff. Res.
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

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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. During Test-MCF/D / Length of Test / Bbls. Condensate/MMCF / Gravity of Condensate

Testing Method (pitot, 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.

OIL CONSERVATION COMMISSION

APPROVED: DEC 12 1978, 19

Orig. Signed by
Jerry Sexton
Dist. 1, Supv.

PRODUCTION CLERK

12-12-78

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, it 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 in only Sections I, II, III, and VI for changes of owner, or transporter, or other such changes of condition.

Separate Forms C-104 must be filed for each pool in multiple completions.