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SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER OIL

GAS

OPERATOR

PRORATION OFFICE

Form C-104

Supersedes Old C-104 and C-116

Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator: PHILLIPS PETROLEUM COMPANY

Address: 4001 Penbrook Odessa, Texas 79762

Reason(s) for filing (Check proper box) (Please explain)

New Well

Recompletion

Change in Ownership

Order No. 5871 Change Lease name because of Unitization. Formerly: Phillips - Santa Fe # 6

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name: East Vacuum Unit Tract No. 2155 006

Kind of Lease: State, Federal or Fee

Lease No.: B-2264

Location

Unit Letter: O 660 South 1980 Feet From The East

Line of Section 21 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 Pipe Line

Address (Give address to which approved copy of this form is to be sent): Box 1328, Hobbs, N.M. 88240

Name of Authorized Transporter of Casinghead Gas or Dry Gas: Phillips Petroleum Company

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 D Sec. 28 Twp. 17S Rge. 35E Is gas actually connected? No When

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 Resv. | Diff. Resv.

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. 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.

PRODUCTION CLERK

12-12-78

OIL CONSERVATION COMMISSION

APPROVED DEC 1 1978, 19

Orig. Signed by Jerry Sexton

BY

Dist 1, Supv.

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 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.