| 1. | DISTRIBUTION DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPEF/TOR PROFATION OFFICE Cit GAS OPEF/TOR PROFATION OFFICE Cit Change in Ownership | REQUEST AUTHORIZATION TO TRA Leum Company St., Odessa, Texas 79762 | other (Please explain) | Form C-104 Supersedes Old C-104 and C-1. Elloctive 1-1-65 GAS |
|---|---|---|---|--|
| If change of ownership give name and address of previous owner | | | | |
| 11. | DESCRIPTION OF WELL AND Lease Name East Vacuum G/S Unit, Tract No. 2175 Location | A Vell No. Poel Name, Including Fo 001 Vacuum G/ | SA State, Recter | exxxix |
| | Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West | | | |
| | Line of Section 21 Tow | vnship <u>17–</u> S Range | , ммрм, | Lea County |
| 111. | DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of OIL X or Condensate Texas-New Mexico Pipeline Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X or Dry Gas I Name of Authorized Transporter of Casinghead Gas X or Dry Gas I Address (Give address to which approved copy of this form is to be sent) Phillips Petroleum Company 4001 Penbrook St., Odessa, TX 79762 If well produces off of liquids, give location of tanks. Unit A 28 17-S 35-E Yes 12-1-78 | | | |
| IV. | If this production is commingled wit COMPLETION DATA | th that from any other lease or pool, | give commingling order number: | Plug Back Same Resty. Diff. Resty. |
| | Designate Type of Completic | | Total Depth | P.B.T.D. |
| | Date Spudded | | | |
| | Elevations (DF, KKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| | Perforations | | Depth Casing Shoe | |
| | HOLE SIZE | TUBING, CASING, AND CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | | |
| | 4 | 1 | | |
| V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be OIL, WELL able for this depth or be for full 24 hours) | | | | |
| | Date First New Cil Run To Tanks Date of Test | | Producing Method (Flow, pump, gas 1 | ift, etc.) |
| | Length of Teat | Tubing Pressure | Casing Pressure | Choke Size |
| | Actual Pred. During Toat | Oil-Bbla. | Water - Bbls. | Gas-MCF |
| | l | 1 | J | |
| | GAS WELL Actual Prod. Tool-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| | Tealing Method (pitol, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Sbut-in) | Choke Size |
| VI. | CERAFICATE OF COMPLIANC |]]E | OIL CONSERV | ATION COMMISSION |
| | 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. | | APPROVED | |
| ~ | Clerical and Services Supervisor 2-4-80 (Date) | | This form is to be filed in compliance with NULE 1104. If this is a request for allowable for a newly dilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 111. All soctions of this form must be filled out completely for allow- able on now and recompleted wells. Fill out only Sections I, II, III, and VI for changes of condition. Separate Forms C-104 must be filled for each pool in multiple completed wells. | |