80. OF COPIES REC		
DISTRIBUTIO		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
IMAMSPORTER	GAS	
OPERATOR		
PROBATION OF		

## NEW MEXICO OIL CONSERVATION COMMIS REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-11

-	FILE		-	AND Effective 1-1-65							1-1-65		
LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS													
	<del></del>	1	-	-								•	
	TRANSPORTER	AS		1									
	OPERATOR			٦,									
	PROBATION OFFICE												
••	Operator PHILLIPS PETROLEUM COMPANY												
	Address 4001 Pen	broo	ok Sti	reei	r. Odes	ssa. Te	xas 797	162					
	Reason(s) for filing (Check proper box)  New We!1  Change in Transporter of:  Order No. 5871 Change  of lease name because of Unitization.												
												l Change	
												itization.	
	Change in Ownership Casinghead Gas Condensate Formerly: State-P #1												
	If change of ownership give name and address of previous owner Mobil Oil Corp., P. O. Box 663, Midland, Texas 79702												
						-			•	•			
11.	DESCRIPTION OF V					Pool Marie	, Including F	ormation	***	Kind of Lease		Lease No.	
	Legae Name East V			-5A	1				14	State, KXXX		B-2735	
	Unit Tract No. 2271 001 Vacuum GB-SA								L				
	Unit Letter 0		. 6	60	Fast From	The 50	uth in	e and	1980	Feet From T	he Fact		
	Onn Letter		· ———	, <del>, , ,</del>	1 200 1 100		<u> </u>	· and					
	Line of Section 22		То	wnshi	ip 17-S		Range	35-E	, NMPM	Lea		County	
											•		
III.	DESIGNATION OF T					AND NA			Give address	to which approv	ed copy of this for	m is to be senti	
	Texas-New Mex							1		• •	N.M. 8824		
		Name of Authorized Transporter of Casinghead Gas X or Dry Gas									ed copy of this for		
	Phillips Petr	ole	um Coi	npaı	ny			4001	Penbrook	St., Ode	essa, Texas	79762	
	If well produces oil or liquids, Unit Sec. Twp. P.ge.							is gas actually connected? When					
	give location of tanks.												
	If this production is co		ngled wi	th th	at from any	other les	ase or pool,	give com	ningling order	number:			
IV.	COMPLETION DATA	A			101	l Well	Gas Well	New Well Workover Deepen			Plug Back   Same Hesty. Diff. Resty		
	Designate Type of	of Co	ompleti	on –	· (X)		1 ?	!	1	1	1	•	
	Date Spudded Date Compi. Ready to Prod.								oth	<u> </u>	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation							Top 0:1/	Gas Pay		Tubing Depth		
	Perforations							i	· · · · · · · · · · · · · · · · · · ·		Depth Casing Shoe		
	Paper grand pro-												
	TUBING, CASING, AND							D CEMENTING RECORD			· · · · · · · · · · · · · · · · · · ·		
	HOLE SIZE CASING & TUBING SIZE						G SIZE	DEPTH SET			SACKS	CEMENT	
				-		<del></del>		ļ					
	<del></del>			+	•								
								<del> </del>			i		
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 allow-												
• •	OIL WELL	OII, WEIL. able for this depth or be for full 24 hours)											
	Date First New Oil Run	To T	anks	Dat	te of Test			Producing Method (Flow, pump, gas lift, etc.)					
	Length of Teet			7.0	bing Pressur			Casing P	reneure		Choke Size		
	Length of 1 and				D.1.14   100000	•							
	Actual Prod. During Tee	t		Oil-Bbis.				Water-Bbis.			Gas-MCF		
				<u> </u>				<u> </u>					
	GAS WELL Actual Prod. Tool-MCF	79		Length of Test				Bbie. Co	ndensate/MMC	<u></u> F	Gravity of Condensate		
		. –											
	Testing Method (pitot, b	ack p	r.j	Tut	oing Pressur	• ( Shut-1	n)	Caeing P	ressure (Shut	-in)	Choke Size		
								<u> </u>					
VI.	CERTIFICATE OF	COM	PLIAN	CE							TION COMMIS		
								4000	OVED	roog 1	978	. 19	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given					AFFR	غېنسست ۲۶۰۷ )	Orig Sugard	has				
	shove is true and complete to the best of my knowledge and belief.						and belief.	APPROVED DECOR 1978					
								BY Jerry Sexton TITLE Dist 1, Supe.					
	2 ( 1.1.1)							1			ompliance with		
	J.E. Wilson									(11	this for a newly	drilled or deepened	
	(Signature)							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.					
	PRODUCTION CLERICAL SUPERVISOR  (Title)  (Date)						·····	All sections of this form must be filled out completely for sllow-					
							F	able on new and recompleted wells.  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					
	Caparate Catos must be filled for each									ich pool in multiply			
									rampining walls.				