Form C-104 Revised 10-1-78

TIGY AND MINERAL'S DEPARTMENT

Of Man tantar.				

DISTRIBUTE	DN			
/ N. F				
V. 6. G. 6.				
LAND DFFICE		1		
164HIPORTER	OIL	<u> </u>		
, a - a - b - c - c - c - c - c - c - c - c - c	GAB			
OPERATOR	/	X		
	-/	1	1 - 1	

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

LAND OFFICE		REQUEST FOR ALLOWABLE							
TRANSPORTER GAS		AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
PROPATION OFFICE	×	A017107	TEATION TO TRANS			·			
Operator / Phillips O:	ii Com	many							
Address				· · · · · · · · · · · · · · · · · · ·	•				
		reet, Odessa,	Texas 79762	Other (Please	andria.				
Reason(s) for filing (C)	heck mos		g Transporter of:	Other (Fied)	. estimat				
Recompletion		Change in Transporter of: Cit Dry Gas Effective 12/01/83							
Change in Ownership	<u>x</u>	Casingha	od Ges Conden	sale 🔲					
If change of ownershi			Petroleum Compa	nv. 4001 Penbro	ok Street.	Odessa, Texas	79762		
DESCRIPTION OF	WELL	AND LEASE	Pool Name, Including Fo	ormation .	Kind of Lease		Lease Na.		
Vacuum Abo U	Jnit B	į.	Vacuum Abo Re		State, Federal	or Foo State	B-960		
Lecation		ract 6.	<u> </u>						
Unit Letter D	;-	990 Feet Fre	on The <u>North</u> Lin	•*		he <u>West</u>			
Line of Section 25	5	T. mahip 179	S Range 35	E , NMPM	I.ea		County		
DESIGN STION OF	TRANS	PORTER OF OIL	. AND NATURAL GA	S	ग				
Name of Authorized Tr	maporter	et Cil & or C	andensate	Address (Give address	o which approv	ed copy of this form is t	o be sent)		
Texas-New Me	exico	Pipe Line Cor	mpany	P. O. Box 2528, Hobbs, N.M. 88240 Address (Give address to which approved copy of this form is to be sens)					
Name of Authorized Tre			El el Dity Cas .	1		Texas 79762	-		
Phillips Pet		Unit Sec	Twp. Rge.	Is gas actually connect		•			
give location of tanks.		M 2		Yes	N	R ·			
		ed with that from a	ny other lease or pool,	give commingling order	number:				
COMPLETION DAT			Oll Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	I'v. Diff. Res'v.		
Designate Type	of Com			1 1	1.	P.B.T.D.			
Date Spudded		Dete Compl.	Ready to Prod.	Total Depth					
Elevations (DF, RKB,	RT, GR,	etc.j Name of Prod	ucing Formation	Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe			
			TUBING, CASING, AND	CEMENTING RECOR	D				
HOLE SI	ZE		S & TUBING SIZE	DEPTH SI		SACKS CEN	KENT		
									
TEST DATA AND I	REQUE	ST FOR ALLOWA	BLE (Test must be a	fer recovery of total volu pth or be for full 24 hours	me of load oil a	ind must be equal to or e	rzceed top allow		
OIL WELL Date First New Oil Rus	n To Tan	Es Dote of Test		Producing Method (Flow		, etc.j			
						Lavete State			
Length of Test		Tubing Press	w•	Casing Pressure	·	Choke Size			
Actual Prod. During Te		Oil-Bble.		Weter - Bbis.		Gae - MCF			
<u> </u>		<u> </u>							
GAS WELL		11		Bbis. Condensate/MMC		Gravity of Condensate	 -		
Actual Prod. Teet-MC	:F/D	Length of Ter							
Teeting Method (puol,	back pr.,	Tubing Press	ure (Shut-in)	Cosing Pressure (Shut	-1 a)	Choke Size			
CERTIFICATE OF	COMP	LIANCE			_	ION DIVISION			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			APPROVED FFB 6 1984						
hereby certify that the rules and regulations of the Olf Conservation Division have been complied with and that the information given			BY ORIGINAL SIGNED BY JERRY SEXTON						
sbove is true and co	DISTRICT I SUPERVISOR								
٠.	Λ			TITLE					
OR V				This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despense.					
(Signature)				I was form must be accompanied by a tabulation of the deviation					
Production Records Supervisor				Att sections of this form must be filled out completely for allow					
(Tule)			able on new and recompleted wells.						
December 29, 1983			Fill out only Sections I, II, ill, and vi do change of condition wall name or number, or transporter, or other such change of condition						

(Dote)

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

FEB 1 1984
HOUSE STRICE