| NO. OF COPIES ALCLIVED | - | | |
|--|--|---|---|
| DISTRIBUTION | NEW MEXICO OIL | CONSERVATION COMMISS | |
| SANTA FE | | FOR ALLOWARLE | Form C-104 Supervedex Old C+108 and (|
| U.S.G.S. | | GAA | Effective 1-1-65 |
| LAND OFFICE | AUTHORIZATION TO TR | ANSPORT OIL AND NATURAL | GAS |
| TRANSPORTER OIL | | | |
| GAS | | | |
| OPERATOR | | | |
| I. PROPATION OFFICE | | | |
| PHILLIPS PETRO | LEUM COMPANY | | |
| Address | | | |
| | | 0762 | |
| Reason(s) for filing (Check proper | boxj | Other (Please explain) | 1 11 5077 |
| | Change in Transporter of: | U | rder No. 5871 Change |
| Recompletion Change in Ownership X | | Formerly: Shall | ecause of Unitization. |
| Change in Ownership X | Casinghead Gas Conde | ensate | State-r #2 |
| If change of ownership give nar | Te Sholl Oil Composer D | | |
| and address of previous owner. | Shell Oll Company, P. (| 0. Box 1509, Midland, Te | xas_79702 |
| I. DESCRIPTION OF WELL A | ND LEASE | | |
| Lesse Name East Vacuum | GB-SA Well No. Poci Hame, Including F | formation Kind of Lea | 30 Loase No. |
| Unit Tract No. 29 | 63 002 Vacuum GB-S | A State, KAX | в-2423 |
| | | | |
| Unit Letter N ;i | 660 Feet From The South LI | ne and <u>1980</u> Feet From | The West |
| Line of Section 29 | Township 17-S Bange | | |
| L | Forming T1-D range | <u> 35-е , ммри, L</u> | ea County |
| II. DESIGNATION OF TRANSP | ORTER OF OIL AND NATURAL G | 45 | |
| Name of Authorized Transporter of | | Address (Give address to which appro | oved copy of this form is to be sent) |
| Texas-New Mexico Pi | | P.O. Box 2528, Hobbs. | , N.M. 88240 |
| Phillips Petroleum | t Casinghead Gas 🗶 – er Dry Gas 🛄 | Address (Give address to which appro | |
| · · · · · · · · · · · · · · · · · · · | Unit Sec. Twp. P.ge. | 4001 Penbrook St., Oc | |
| If well produces oil or liquids, give location of tanks. | <u>B</u> 31 17-S 35-E | | 10 1 70 |
| If this production is approximated | | | 12-1-78 |
| V. <u>COMPLETION DATA</u> | with that from any other lease or pool, | give commingling order number: | |
| Designate Type of Compl | etion (Y) Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Resty. Diff. Resty |
| | | 1 | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| Elevations (DF, RKB, RT, GR, etc | , Name of Producing Formation | Tep Oll/Gas Pay | |
| | | | Tubing Depth |
| Perforations | | | Depth Casing Shoe |
| | | | |
| | TUBING, CASING, ANI | D CEMENTING RECORD | |
| HOLESIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| | | ······ | · + ····= |
| TEST DATA AND REOLEST | FOR ALLOWARKE (Test must | <u>. </u> | - |
| OIL WELL | FOR ALLOWABLE (Test must be a able for this de | fter recovery of total volume of load oil on the or be for full 24 hours) | and must be equal to or exceed top allow |
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas li | (fs, etc.) |
| | | · · · · · · · · · · · · · · · · · · · | |
| Length of Test | Tubing Pressure | Casing Preseure | Choke Size |
| Actual Prod. During Test | Qil-Bbis. | Water-Bbis. | |
| | | Huter - D Die. | Gan - MCF |
| · | L | 1 | |
| GAS WELL | | | |
| Actual Frod. 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 |
| | | | <u></u> |
| L CERTIFICATE OF COMPLIA | INCE | OIL CONSERVA | TION COMMISSION |
| 1 have been an allow the states of | | APPROVED DEC ?! | ·) · · • • • • · · · · · · · · · · · · · |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given | | Orig. Stated by | |
| abave is true and complete to | the best of my knowledge and belief. | BYJerry Sexton | |
| | | TITLE Dist 1. Supr. | |
| | | 1 1 1 km km <u></u> | |
| Ellips | To en | | compliance with MULE 1104, vable for a newly drilled or deepener |
| | ignatwe) | well, this form must be accompa | nied by a tabulation of the deviation |
| PRODUCTION CLERICAL | | tests taken on the well in accor | |
| | (Tille) 20 | Ail sections of this form mu ship on new and recompleted we | at he filled out completely for allow allow |
| [2-1-7 | | Fill out only Sections 1. 11 | I. III, and VI for changes of owner. |
| | (Date) | well name or Bunder, or transport | ten or other such change of condition |