BTATE OF NEW MEXICO ERGY AND MILERALS DEPARTMENT				Form C-104 Revised 10-1-78		
	OIL CONSERVA		N			
DILLAIRULION JANTA FE	ГР. О. ВО SANTA FE, NEV	V MEXICO 87501				
PIL 8						
LAND OFFICE	REQUEST FO	R ALLOWABLE				
DAS OAS	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
OPERATION PRONATION OFFICE Operation		PORT OIL AND NATU				
SHELL OIL COMPANY						
P. 0. BOX 991, HOUSTO	DN. TEXAS 77001					
Reason(s) for filing (Check proper box	;;	Other (Pleas	e explainj			
New Well Recompletion	Change in Transporter of: Oil X Dry Ga					
Change in Ownership	Casinghead Gas Conder	RI RI				
If change of ownership give name						
and address of previous owner		<u> </u>		<u> </u>		
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	ormation	Kind of Lease		Lease No.	
STATE "I"	2 VACUUM GLORIET	TA State, XXXXXXXXXXXXXX		¥ X 1 %X	B-2423	
Location Unit Letter E : 231	0Feet From TheNORTHLIN	u• and 330 .	Feet From Th	. WEST		
				·		
Line of Section 29 T.	wnship 17-S Range	35-Е , МИРИ	LEA	· · · · · · · · · · · · · · · · · · ·	County	
	TER OF OIL AND NATURAL GA	Address (Give address	to which approve	d copy of this form is to	be sent)	
TEXAS-NEW MEXICO PIPE LINE COMPANY P 0 BOX 52332			2. HOUSTON	TEXAS 77052	I	
Name of Authorized Transporter of Ca	Address (Give address	to which approve	copy of this form is to	be sent)		
PHILLIPS PETROLEUM COMPANY 4001 PENBR				EXAS 79762		
If well produces oil or liquids, give location of tanks.	E 29 17-S 35-E	YES		2-07-64		
If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,					
Designate Type of Completio	on = (X) X	New Well Workover	i Deepen I I I I	Plug Back Same Res ^r I	r. ' Diff. Hes'v. I I	
Date Spuddod	Date Compl. Ready to Prod.	Total Depth	-1	P.B.T.D.		
7-28-60	8-13-60 Name of Producing Formation	6387 1 Top Oil/Gas Pay		6385 '		
Elevations (DF, RKB, RT, GR, etc.) 3976 DF	3976' DF GLORIFTA		6111'		6065'	
Perforations				Depth Casing Shoe		
6111' to 6146'	TUBING, CASING, AND	CEMENTING RECOR	<u>I</u>			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SI		SACKS CEME	NT	
]]"	8-5/8" (32#)	307	1	<u>250 sx</u>		
7-7/8"	5-1/2" (15#, 17#)	4726		<u>200 sx</u> 170 sx		
	<u>3-1/2" (LINER)</u>	4337-63	87.	<u></u>		
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fter recovery of total volu	me of load oil an	d must be equal to or ex	ceed top allow-	
CIL WELL Date First New Oll Run To Tanks	able for this de Date of Test	pth or be for full 24 hours Producing Method (Flow		etc.)		
		Cusing Pressure Choke Size		Choke Stze		
Length of Test	Tubing Pressure	Cusing Plessure				
Actual Prod. During Test	Oll-Bble.	Water-Bbls.		Gas-MCF		
	<u> </u>	<u> </u>	L.		J	
GAS WELL	Length of Test	Bbis. Condensate/MMC	-	Gravity of Condensate		
Actual Prod. 1081-MCF/D	Length of feet	Bbie: Coldensato, Marc				
Teeling Method (pitol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in)	Choke Size		
CERTIFICATE OF COMPLIANO	CE	OIL C	DNSERVATIO	N DIVISION		
		APPROVED NO		/, 1	9	
Division have been complied with	egulations of the Oil Conservation and that the information given	800 (λ			
sbove is true and complete to the	OIL & CAS INCOLOR					
$\cdot \alpha \in I \Omega$	TITLE OIL & GAS INSPECTOR					
2. Laure	This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or deepened					
(Signa	wall this form must	mail this form must be accompanied by a tabulation of the deviation				
SUPERVISOR REG	All sections of	tests taken on the well in accordance with NULE 111. All sections of this form must be filled out completely for allow-				
(Tii NOVEMBED A	able on new and recompleted wells.					
NOVEMBER 4		Fill out only Sections 1, 11, 11, and vision change of condition. well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply				
		Separate Formi completed wells,	i C-104 must t	is then for securioc	e ne marrinà	

RECEIVED

-

NOV 1 0 1982

O.C.D. HOBBS OFFICE