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U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF			

Regional Office Supervisor

July 13, 1967

(Title)

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104

REQUEST FOR ALLOWABLE STORE OF Supersedes Old C-104 and C-110

-	FILE			AND			Effective 1-1-65			
-	U.S.G.S.	AUTHORI7ATI	AUTHORIZATION TO TRANSPORT OIL AND NATURAL SAPER 157							
r	LAND OFFICE	AOTHORIZATI			. 0.2 / 12		hit 9/			
	TRANSPORTER OIL GAS	\exists								
-	OPERATOR GAS									
i.	PRORATION OFFICE									
	Phillips Petroleum (Company								
ŀ	Address Bldg., Oder	sa, Texas								
-	Reason(s) for filing (Check proper b				Other (Please	explain)	lls by tank batt	ery		
	New Well Recompletion	Change in Transpor	7	y Gas	assignme	mt.				
	Change in Ownership	Casinghead Gas	╡	ondensate	j					
	f change of ownership give name									
	and address of previous owner DESCRIPTION OF WELL AN									
II. 1	Tr. 12	Well No. Pool Name	re, Includir Vact	ng Formation num Abo	Reef	Kind of Lea State, Feder		Lease No.		
		Feet From The	south	Line and	990	Feet From	The west			
	Unit Letter ;;	Township 178	Range	35E		_	Lea	County		
Ļ	Line of Section	township								
II.	DESIGNATION OF TRANSPO Name of Authorized Transporter of	Oil 📶 💮 or Condensate	ATURAL	Addres			oved copy of this form is to	be sent)		
] 	Texas-New Mexico Pipe Line Company Name of Authorized Transporter of Casinghead Gas or Dry Gas			2 dd-00	Box 1510, Midland, Texas Address (Give address to which approved copy of this form is to be sent)					
	Name of Authorized Transporter of Phillips Petroleum		y Gas		Phillips Bl	dg., Od	lessa, Texas			
	If well produces oil or liquids,	Unit Sec. Tw	p. Rge		actually connected Yes	d? W	/hen NR			
Į,	give location of tanks. If this production is commingled				mmingling order	number:				
IV. C	COMPLETION DATA	Oil Well	Gas We			Deepen	Plug Back Same Res	v. Diff. Rest		
	Designate Type of Comple			1	1	1				
	Date Spudded	Date Compl. Ready to I	orod.	Total	Depth	_ 	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.	Name of Producing For	mation	Top O	11/Gas Pay		Tubing Depth			
							Depth Casing Shoe			
	Perforations									
		TUBING,	CASING,	AND CEME	NTING RECOR					
	HOLE SIZE	CASING & TUB	ING SIZE		DEPTH SE	ET	SACKS CEMENT			
					,21					
v.	TEST DATA AND REQUEST	FOR ALLOWABLE	(Test must	be after reco	very of total volu	me of load o	il and must be equal to or e	xceed top allo		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	able for th	Produ	e for full 24 hours cing Method (Flou	, pump, gas	lift, etc.)			
	Date 1 hot iven on them to a						LOL-la Sina			
	Length of Test			Casin	Casing Pressure		Choke Size			
	Actual Prod. During Test	Oil-Bbls.		Water	-Bbls.		Gas-MCF	<u> </u>		
	GAS WELL				Bbls. Condensate/MMCF		Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of Test		Bbls.			GIATITY OF CONTAMENTAL			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shu	t-in)	Casin	g Pressure (Shut	-in)	Choke Size	-		
VI.	CERTIFICATE OF COMPLI	ANCE			OIL	CONSER	VATION COMMISSIO	N		
		hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given			PROVED		2 1410	19		
	- Cindian base been complis				`					
above is true and complete to the best of my			of my knowledge and belief.							
				⊤ т т т т т т т т т т	LE					
					This form is t	be filed i	n compliance with RULI	E 1104.		
	Ela	A Comment		— ∥ .	If this is a rec	uest for al	lowable for a newly drill panied by a tabulation of	ed or deepen of the deviati		
		Signature)		wel	i, this form mus	,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	to the major of the	•		

tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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. Separate Forms C-104 must be filed for each pool in multiply completed wells.