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NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-104  
EFFECTIVE 1-1-65

Form C-104  
Supersedes Old C-104 and C-105  
Effective 1-1-65

UNITIZATION TO THE PORT OIL AND NATURAL GAS

I. Operator  
PHILLIPS PETROLEUM COMPANY  
Address  
4001 Penbrook Street, Odessa, Texas 79762  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter ☐ Other (Please explain) Order No. 5871 Change  
Recompletion ☐ of lease name because of Unitization.  
Change in Ownership ☒ Formerly: Phillips - Santa Fe # 27  
If change of ownership give name and address of previous owner: Phillips Petroleum Co., 4001 Penbrook St., Odessa, Texas 79762

II. DESCRIPTION OF WELL AND LEASE  
Lease Name East Vacuum Unit  
Unit Tract No. 3467 027 Vacuum Unit  
Kind of Lease XXXXXXXXX  
Location  
Unit Letter G 1980 North 1980 Feet From The East  
Line of Section 34 Township 17S Range 35E Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil or Condensate Texas-New Mexico Pipe Line  
Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, N.M. 88240  
Name of Authorized Transporter of Gas or Gas-Lift Phillips Petroleum Company  
Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, Texas 79762  
If well produces oil or liquids, give location of tanks. N 27 17S 35E Yes 12-1-78

IV. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.  
Date Spudded Date Comm. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RAB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Perforations Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)  
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)  
Length of Test Tubing Pressure Casing Pressure Choke Size  
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL  
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pilot, back off) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE  
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
PRODUCTION CLERICAL SUPERVISOR  
12-12-78  
OIL CONSERVATION COMMISSION  
APPROVED DEC 19 1978  
BY Jerry Sexton  
TITLE Dist. L. Sup.  
This form is to be filed in compliance with RULE 1104.  
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.  
All sections of this form must be filled out completely for allowance on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, etc. 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.