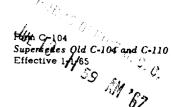
NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
THAIGH ON ER	GAS		
OPERATOR			
PRORATION OFFICE			

## NEW MEXICO OIL CONSERVATION COMMISSION



FILE	REQUEST	REQUEST FOR ALLOWABLE ON Superseles Old C-104 and C		
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE	AOTHORIZATION TO TR	AND OR TO DE AND MAYORA	TE GAS	
TRANSPORTER OIL			0/	
GAS				
OPERATOR  I. PRORATION OFFICE	<del> </del>			
Operator				
Phillips Petroleum Co	ompany			
Phillips Building - (	Odessa, Texas			
Reason(s) for filing (Check proper to		Other (Please explain)		
New Well	Change in Transporter of:		wells by tank battery	
Recompletion Change in Councilla	Oil Dry G			
Change in Ownership	Casinghead Gas Conde	ensate		
If change of ownership give name and address of previous owner	2			
II. DESCRIPTION OF WELL AN	D LEASE  Well No. Pool Name, Including	Formation Kind of L	.ease Lease No.	
Vacuum Abo Unit Batte	64 Vacuum Abo F	_	deral or Fee State	
Tr 6-F Location				
Unit Letter A ;	760 Feet From The north Li	ne and 760 Feet Fr	om The <b>east</b>	
Line of Section 34	Township 17S Range	35E , NMPM,	Lea County	
	Trange	, : VIVIE 191,	Lea County	
	RTER OF OIL AND NATURAL G			
Name of Authorized Transporter of Texas-New Mexico Pipe	<del>-</del>	Box 1510 - Midland	pproved copy of this form is to be sent)	
	Casinghead Gas X or Dry Gas	Address (Give address to which a	opproved copy of this form is to be sent)	
Phillips Petroleum Co	ompany	Phillips Building -	- Odessa, Texas	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
give location of tanks.	M 26 178 35E	Yes		
If this production is commingled V. COMPLETION DATA	with that from any other lease or pool,	give commingling order number:		
Designate Type of Comple	tion (Y)	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v	
		+		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		-		
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of load	oil and must be equal to or exceed top allou	
OIL WELL Date First New Cil Bun To Tanks	able for this d	epth or be for full 24 hours) Producing Method (Flow, pump, ga		
Data Filst New Oil Man 10 I diks	Date of Test	Producing Method (Flow, pamp, ga	s usi, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbla.	Water - Bbls.	Gas-MCF	
			I	
GAS WELL				
Actual Prod. 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	
, , , , , , , , , , , , , , , , , , , ,	(01111-111)	Guard Carrier Carrier	Chore Size	
I. CERTIFICATE OF COMPLIA	NCE	OIL CONSER	VATION COMMISSION	
oblination of companies				
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.		APPROVED , 19		
		BY		
		TITLE		
	(Signature)			
			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 accome tests taken on the well in ac	npanied by a tabulation of the deviation	
Region Office Supervi		All sections of this form	must be filled out completely for allow-	
(Title)		able on new and recompleted wells.		

(Date)

July 13, 1967

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.