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BTATE OF NEW MEXICO TIGY AND MINERALS DEPARTMENT				N	Form C-1( Revised	•••
••. •• • • • • • • • • • • • • • • • •	ATION DIVISIO					
0161 A IPUT ION			W MEXICO 87501			
PILE				<b>i</b> ·		· · ·
IRANSPORTER DIL		A	R ALLOWABLE	. ,	· ·	
OPERATION DEFICE	AUTHOR	IZATION TO TRANS	PORT OIL AND NATU	RAL GAS	. •	
Operator	27				-	
Phillips Oil Compan Address						
4001 Penbrook Stree Reeson(a) for filing (Check proper b	a company and the second se	Texas 79762	Other (Please	esplain)		
New Well		Transporter of:			-	
Recompletion Change in Ownership X	Citi Casinghe	d Gas Conde		ive 12/01	/83	
If change of ownership give name and address of previous owner	Phillips	Petroleum Compa	nv. 4001 Penbroo	ok Street	, Odessa, Texas	79762
DESCRIPTION OF WELL ANI		Prot Maria Jacketon 6		Kind of Lease		
Vacuum Abo Unit Batter		Pool Name, Including F Vacuum Abo Ree		State, Federal		<b>Lease No.</b> B-1845
Location Tract	10 .			<u></u>	·····	, .
Unit Letter K :	980Feet Fre	m The <u>South</u> Lir	e and <u>1650</u>	_ Feet From 1	The <u>West</u>	
	. mahip <u>17</u>		<u>15Е , ммрм,</u>	Lea.		County
DESIGNATION OF TRANSPOL Name of Authorized Transporter of C	RTER OF OIL	AND NATURAL GA	Address (Give address to	which approv	ved copy of this form is t	o be sentj
Texas-New Mexico Pipe	P. O. Box 2528, Hobbs, N.M. 88240 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas 🔀 or Dry Gas 🗌 Phillips Petroleum Company			4001 Penbrook Street, Odessa, Texas 79762			
If well produces oil or liquids, give location of tanks.	Unit Sec. M 34	• •	is gas octually connecte Yes	d? Whe	n	
If this production is commingled COMPLETION DATA	rith th <b>st from an</b>	y other lease or pool,	give commingling order	numberi		
Designate Type of Complet		il Well Cas Well	New Well Workover	Deepen.	Plug Back   Same Res	w. Dill. Resty.
Date Spudded	Date Compl. A	eady to Prod.	Tetal Depth	l .1	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	cing Formation	Top Qil/Gas Pay	<u></u>	Tubing Depth	
						ی. 
Perforations			-	Depth Casing Shoe		
			CEMENTING RECORD			
HOLE SIZE	CASING	& TUBING SIZE	DEPTH SE	<u>T</u>	SACKS CEM	ENT
			· · · · · · · · · · · · · · · · · · ·			
TEST DATA AND REQUEST I OIL WELL	FOR ALLOWAI	BLE (Test must be aj able for this de	fer recovery of socal volum psh or be for full 24 hours	e of load oil a	ind must be equal to or e	sceed top allow
Date First New Oil Run To Tanks	Date of Test		Producing Method (Flow,	pump, gas life	l, etc.)	
Length of Test	Tubing Pressu	:•	Casing Pressure		Choke Size	
Actual Prod. During Test	CII-Bbis.		Water-Bble.	<u></u>	Gas - MCF	
GAS WELL		<u> </u>	<u>.</u>		·	
Actual Prod. Teet-MCF/D	Length of Test	· · · · · · · · · · · · · · · · · · ·	Bbis. Condenegte/MMCF		Gravity of Condensate	
Teeting Method (pitot, back pr.)	Tubing Pressur	•(Shut-ia)	Casing Pressure (Shut-	<b>in)</b>	Chote Size	
CERTIFICATE OF COMPLIAN	iCE			NSERVAT	ION DIVISION	
			APPROVED FEB 6 1984			
I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BYORIGINAL SIGNED BY JERRY SEXTON			
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	-	D	ISTRICT I SU		
0011					ompliance with RULE	1104.
J3Kush	If this is a requi	at for allows	ble for a newly drille	d or deepene		
(Sign Production Rec	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.					
(7	All sections of this form must be filled out completely for allow able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner					
December (D	wall name or number.	or transports	r, or other such change	a of condition		
			Separate Forma	C-104 must	be filed for each po	ol in multipi

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