NO. OF COPIES RECEIVED							
SANTA FE	NEW		CONSERVATION COM		Form C-104		
FILE	-	REQUEST	FOR ALLOWABLE		Supersedes Old C-104 and C-1. Effective 1-1-65		
U.S.G.S.	AUTHORIZA	TION TO TR	ANSPORT OIL AND	NATURAL GAS			
LAND OFFICE	_						
TRANSPORTER GAS							
OPERATOR							
I. PRORATION OFFICE	-						
Operator Phillips Petroleum C	ompany						
Address Phillips Bldg, Odess	a, Texas				y tank battery		
Reason(s) for filing (Check proper bo			Other (Plea	se explain)			
New Well	Change in Trans	·]	To seg	regate wells by	y tank battery		
Recompletion Change in Ownership	Oil Casinghead Gas	Dry G Conde		nent			
					<u> </u>		
If change of ownership give name and address of previous owner					í cr		
II. DESCRIPTION OF WELL AND	LEASE						
LeVacuum Abo Unit, Gtry Tract 10		Jame, Including F Vacuum Ab	ormation Reef	Kind of Lease State, Federal or Fee	State State		
Location N 99	Feet From The	south	1650	Feet From The	west		
Line of Section 34 To	ownship 17S	Range	35E , NMP.	•	County		
I DESIGNATION OF TRANSPOR			······································	······································			
II. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Of Taxas-New Maxico Pipe	ILR OF OIL AND		Address (Give address	to which approved copy	of this form is to be sent)		
			Box 1510,	Midland, Texas	1		
Name of Authorized Transporter of Co Phillips Petroleum Co		Dry Gas 🔄		to which approved copy	of this form is to be sent) Texas		
If well produces oil or liquids, give location of tanks.	Unit Sec. T M 34	^{wp.} 178 ^{Rge.} 35E	Is gas actually connec Yes	ted? When	NR		
If this production is commingled w. V. COMPLETION DATA	ith that from any other	lease or pool,	give commingling orde	er number:			
Designate Type of Completi	on - (X) Oil Well	Gas Well	New Well Workover	Deepen Plug B	Back Same Res'v. Diff. Res'v.		
Date Spudded	Date Compl. Ready to	Prod	Total Depth				
	Date Compi. Ready to	P10a.		P.B.T	.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	ormation	Top Oil/Gas Pay	Tubina	g Depth		
Perforations				Depth	Casing Shoe		
	TUBING	, CASING, ANI	CEMENTING RECO	RD			
HOLE SIZE	CASING & TUE		DEPTH S		SACKS CEMENT		
	-						
V. TEST DATA AND REQUEST F	OR ALLOWABLE	(Test must be a	fter recovery of total vol	me of load oil and must	be equal to or exceed top allow-		
OIL WELL Date First New Oil Run To Tanks	Date of Test	able for this de	pth or be for full 24 hour Producing Method (Flo	s) w, pump, gas lift, etc.)			
Length of Test	Tubing Pressure		Casing Pressure	Choke	Size		
Actual Prod. During Test	Oil-Bbls.		Water-Bbis.	Gas - N	1CF		
· <u>····</u>				· · · · · · · · · · · · · · · · · · ·			
GAS WELL Actual Prod. Test-MCF/D	Length of Test		Phin Condonante (10/C				
	Lengin of Test		Bbls. Condensate/MMC	r Gravit	y of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shu	t-in)	Casing Pressure (Shut	-in) Choke	Size		
I. CERTIFICATE OF COMPLIAN	L CE		OIL	CONSERVATION	COMMISSION		
			APPROVED				
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			, 19 s			
above is true and complete to the	best of my knowled	ge and belief.	BY	, <u></u> _, <u></u> _,			
			TITLE				
\sim 1	A comment		This form is to	be filed in complian	ce with RULE 1104.		
5.12.			If this is a req	uest for allowable for	a newly drilled or deepened		
Regional Office Superv	ature) isor		tests taken on the	well in accordance w			
July 13, 1967 (Ti	tle)		All sections of able on new and re		led out completely for allow-		
· · · · · · · · · · · · · · · · · · ·				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.			
(Da	ate)	1		-	ed for each pool in multiply		
		i	completed wells.				



Job separation sheet

DISTRIBUTION			1001000	
SANTA FE		ONSERVATION COMM	15510N	Form C-104 Supersedes Old C-104 and C-1
FILE		FOR ALLOWABLE AND	S OFFICE Q.1	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND	NATURAL GA	S
LAND OFFICE		1 <u>6</u> 8 3	12 54 17	*57
TRANSPORTER GAS				
PRORATION OFFICE				
Operator				
Phillips Petrol Address				
Phillips Build Reason(s) for filing (Check proper bo.	ng - Odessa, Texas	Other (Please	e explain)	
New Well	Change in Transporter of:	Unit	ization - 1	Effective 2-1-67
Recompletion	Cil Dry Go	15 R-31	8-; R-3181	
Change in Ownership	Casinghead Gas Conder	nsate		
If change of ownership give name and address of previous owner	Std. Oil Co. of Texas -	State 6-34 No.	8	
DESCRIPTION OF WELL AND		me, Including Formation		Kind of Lease
Vacuum Abo Unit, 1		uum Abo Ee ef		State, Federal or Fee State
Location		1650		
	0 Feet From The south Lir		Feet From The	
Line of Section 34 , To	wnship 17 8 Range 3	5E , NMPM	,	Lea County
DESIGNATION OF TRANSPOR Name of Authorized Transporter of Of	TER OF OIL AND NATURAL GA		to which approved	l copy of this form is to be sent)
Texas-New Mexico Pipe	e Line Company	Box 1510 - Mi	dland, Texa	2.8
Name of Authorized Transporter of Co Phillips Petroleum Co		Address (Give address Phillips Buil		l copy of this form is to be sent) ssa, Texas
If well produces oil cr liquids,	Unit Sec. Twp. Rge.	Is gas actually connect		· · · · · · · · · · · · · · · · · · ·
give location of tanks.	M 34 17S 35E	Yes		NR
COMPLETION DATA	ith that from any other lease or pool,	New Well Workover		
Designate Type of Completi		New well workover	Deepen	Plug Back Same Res'v. Diff. Res'v
Date Spudded	Date Compl. Ready to Prod.	Tctal Depth	1	P.B.T.D.
-		-		
Peol	Name of Producing Formation	Tep Oil/Gas Pay		Tubing Depth
Perforations				
Perforations				Depth Casing Shoe
	TUBING, CASING, AND		D	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SI	ET	SACKS CEMENT
HOLE SIZE			ЕТ	SACKS CEMENT
HOLE SIZE			ET	SACKS CEMENT
HOLE SIZE TEST DATA AND REQUEST H OIL WELL Date First New Oil Eur. To Tanks	OR ALLOWABLE (Test must be a		me of load oil and	d must be equal to or exceed top allow
TEST DATA AND REQUEST H	`OR ALLOWABLE (Test must be a able for this de	fter recovery of total volu pth or be for full 24 hours	me of load oil and 5) 9, pump, gas lift,	d must be equal to or exceed top allou
TEST DATA AND REQUEST F OIL WELL Date First New Oil Eur. To Tanks Length of Test	TOR ALLOWABLE (Test must be a able for this de Date of Test Tubing Pressure	fter recovery of total volu pth or be for full 24 hours Producing Method (Flow Casing Pressure	me of load oil and)), pump, gas lift,	d must be equal to or exceed top allou etc.) Choke Size
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