	•		7		
STATE OF NEW MEXICO RGY AND MINERAL'S DEPARTMENT		. N 1	Form C-10 Revised 1	4 G-1-78	
			1.11		
01818 18 UT 10H	SANTA FE, NEW			· · · · ·	
<u>PILO</u>			4 · ·		
LAND DFFICE		ALLOWABLE			
OPENATOR X	AUTHORIZATION TO TRANSP		ra l gas i		
PROBATION OFFICE		·····			
Phillips Oil Company	1			·	
4001 Penbrook Street	t, Odessa, Texas 79762			•	
Reeson(s) for filing (Check proper box)	Other (Please	esplain]		
New Well	Change in Transporter ol: Cit Dry Gai	• 🔲 Effec	tive 12/0	1/83	
Change in Ownership	Casinghead Gas 🗌 Conden	sate	·		
If change of ownership give name	Phillips Petroleum Compa	ny. 4001 Penbro	ok Street.	. Odessa, Texas	79762
and address of previous owner		<u>A/C -002 -000-0</u>			
DESCRIPTION OF WELL AND	RIPTION OF WELL AND LEASE			Lease No.	
Vacuum Abo Unit Battery	4 67 Vacuum Abo Ree	ef	State, Federal	or Foo State	B-1608
Location Tract 6	- \$ (1-	e and660		west	
Unit Letter L ; 18	82 Feet From The South Line	e and	Feet Filom 1	ne	
Line of Section 26 T.	mahip 17S Range	35E , NMPM	Lea		County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S	¥	· · · · · · · · · · · · · · · · · · ·	
Name of Authorized Transporter of Cil	or Condensate	Address (Give address P. O. Box 252		ed copy of this form is t N.M. 88240	o be sentj
Texas-New Mexico Pipe L Name of Authorized Transporter of Ca	Address (Give address	o which approv	ed copy of this form is t	o be sentj	
Phillips Petroleum Company 4001 Penbrook Str				Odessa, Texas	79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. M 26 17S 35E	ls gas octually connect Yes	•	NR	
If this production is commingled wi	th that from any other lease or pool, ;	give commingling orde	number		
COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deeper	Plug Back Same Res	'v. Dill. Res'v.
Designate Type of Completion			• . 	P.B.T.D.	
Date Spudded	Date Cample Ready to Prode	Total Depth		F.D. (
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
Perforations		<u> </u>		Depth Casing Shoe	
				l	
HOLE SIZE	TUBING, CASING, AND	CEMENTING RECOR		SACKS CEM	ENT
				i	
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be of shie for this de	ft <mark>er recovery of total vol</mark> u pth o r be for full 24 hours	me of load oil ()	and must be equal to or e	xceed top allow-
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow		i, elc.)	
	Tubing Pressure	Casing Pressure		Choke Size	
Length of Test					
Actual Prod. During Test	OII-Bhis.	Water-Bbls.		Gas - MCF	
· · · · · · · · · · · · · · · · · · ·	<u></u>			· · ·	
GAS WELL	I with all Track	Bbis. Condensate/MMC	F	Gravity of Condensate	<u></u>
Actual Prod. Teet-MCF/D	Length of Test				
Teeting Method (publ, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut	-ia)	Choke Size	
CERTIFICATE OF COMPLIAN	CE		ONSERVAT	ION DIVISION	
					19
I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given		APPROVED FEB 6 1984 . 19			
above is true and complete to the	BYOKIG	BYDISTRICT I SUPERVISOR			
		TITLE		· · · · · · · · · · · · · · · · · · ·	
Brun	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepens.				
- Such (Sign	Well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.				
Production Rec	All sections of this form must be filled out completely for allow				
(Ti December	able on new and recompleted wells.				
(December	Fill out only Sections 1, 11, 111, and such change of condition well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multipi				
a na na ang kana ang	an ada na fa an	rompleted wells.	andressen og som		
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