form C-104 Revised 10-1-78

FIGY	ANO	MINERALS DEPARTMEN					
		AIRUTION					
BAH	IAZ		_	_			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

U.S.G.S.	REQUEST FOR	R ALLOWABLE	•				
TRANSPORTER OIL AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
PROBATION OFFICE	AUTHORIZATION TO TRANSF	PORT OIL AND NATO	KAL GAS		·		
Phillips Oil Company	∵						
Address	t, Odessa, Texas 79762			2			
Reason(s) for filing (Check proper box	i)	Other (Pleas	e explain)				
New Well	Change in Transporter of: Out Dry Go	. D	tive 12/01	/02			
Recompletion Change in Ownership	Casinghead Gas Conden		LIVE 12/01	/63			
If change of ownership give name	Phillips Petroleum Compa	4001 Ponhro	ok Street	Odessa Tevas	79762		
and address of previous owner	Phillips Perroteum Compa	my. 4001 Fembro	OK SCIEEC.	Odessa, icado			
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo	otwarion .	Kind of Lease		Lease No.		
Vacuum Abo Unit Battery	ef	State, Fèderal	or Foo State	B-2519			
Location Tract 6-	-F 35 Feet From The <u>North</u> Lin	000	Foot From T	. East	•		
Unit Letter				N4			
Line of Section 34 T.	emahip 17S Runge 3	35E , NMPN	Lea ♥		County		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Andreas (Give address	to which approv	ed copy of this form is to	o be sent)		
Name of Authorized Transporter of Or Texas-New Mexico Pipe Li		D 0 Page 252	o. Hobbs.	New Mexico 882	40		
Name of Authorized Transporter of Ca	isinghead Gas 🔀 or Dry Gas 🦳	Address (Give address	lo which approv	ed copy of this form is i	o be sensj		
Phillips Petroleum Compa	Unit , Sec. Twp. Rqe.	4001 Penbrook		dessa, Texas 7 •	9762		
If well produces oil or liquids, give location of tanks.	M 26 17S 35E	Yes		Nr ·			
If this production is commingled with COMPLETION DATA	ith that from any other lease or pool,	give commingling orde	r number:				
Designate Type of Completi	on — (X)	New Well Workover	Deepen	Plug Back Same Res	iv. Diff. Res!v.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	i	P.B.T.D.	 		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
Perforations		1		Depth Casing Shoe			
				<u></u>			
HOLE SIZE	TUBING, CASING, AND	CEMENTING RECOR		SACKS CEM	ENT		
HOLE SIZE							
			-1 · · · · · · · · · · · · · · · · ·				
TEST DATA AND REQUEST FOIL WELL	OR ALLOWABLE (Test must be af able for this de	fier recovery of total vali pth or be for full 24 hour	ime of load ail o	ind must be equal to ar e	zesed top allou		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow	v, pump, gas lif	i, etc.)			
Length of Test	Tubing Pressure	Casing Pressure		Choke Size			
Actual Prod. During Test	Ott-Bbie.	Water-Bbis.		Gas-MCF			
<u>-</u>		<u></u>		<u> </u>			
GAS WELL			<u> </u>				
Actual Prod. Teet-MCF/D	Length of Test	Bbis. Condensate/MMC	F	Gravity of Condensate			
Teeting Method (pitot, back pr.)	Tubing Preseure (Shut-in)	Cosing Pressure (Shut	-is)	Choke Size			
CERTIFICATE OF COMPLIAN	CE	OIL C	ONSERVAT	ION DIVISION			
· · · · · · · · · · · · · · · · · · ·	APPROVED FEB 6 1984 . 19						
I hereby certify that the rules and Division have been complied with above in true and complete to the	SWED BY JERRY SEXTON						
above is true and complete to the	, pest of my knowledge and believe	DISTRICT I SUPERVISOR					
2-20		TITLE	te filed in c	ompliance with RULE	1104.		
BRush	J. B. Rush	If this is a request for allowable for a newly drilled or deepens-					
• •	ords Supervisor	tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allow					
(Ti	ile)	able on new and recompleted wells.					
December (December)	29, 1983	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 multiple completed wells.

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