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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico E argy, Minerals and Natural Resources Departme.

Form C-104 Revised 1-1-89 See Instructi

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

DISTRICT II P.O. Drawer DD, Artenia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	T	O TRANS	SPORT OIL	AND NATURAL G						
Operator Phillips Petroleum	Weil API No. 30-025-20720									
4001 Penbrook Stre	et, Ode	essa, '	Texas	79762						
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator  If change of operator give name	Oil Casinghead	Change in Tra	naporter of: y Gas   odeasate	Change in from New Effective  Box 2180, Hou	Lease Mexico 12-1-	''K'' S 93	tate#30 	)		
			<u> </u>	100 - 110 C			<u> </u>	Ш		
IL DESCRIPTION OF WELL  Lesse Name Tract 2  Vacuum Glorieta Ea  Location  Unit Letter B	Well No.   Pool Name, Including Formation  East Unit 1   Vacuum Gloriet				Kind of Lease State Lease No. State, Federal or Fee A-1320					
22 17 0 25 17										
					Lea			County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent)										
Texas-New Mexico P	P.O. Box 42130, Houston, TX 77242									
Name of Authorized Transporter of Casinghead Gas  or Dry Gas  GPM Gas Corporation				Address (Give address to which approved copy of this form is to be sent) 4044 Penbrook Street, Odessa, TX 79762						
If well produces oil or liquids, give location of tanks.				Is gas actually connected? Yes	?	NR				
If this production is commingled with that i	<del></del>			<del>^</del>			·			
IV. COMPLETION DATA		Oil Well	Ges Well	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion  Date Spudded	- (X)	Ready to Pro	i M	Total Depth	i	P.B.T.D.				
<u></u>					•			F.B.1.D.		
Elevations (DF, RKB, RT, GR, etc.)				Top Oil/Gas Pay	Tubing Depth					
Perforations				Depth C			using Shoe			
	CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT				
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE		<del> </del>	1				
OIL WELL (Test must be after r	ecovery of low	al volume of l		be equal to or exceed top all			for full 24 hour	3.)		
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pressure			Casing Pressure	Choke Size					
Actual Prod. During Test	Oil - Bbis.			Water - Bbis.	Gas- MCF					
GAS WELL	L	<del></del>		<u></u>		1				
tual Prod. Test - MCF/D Length of Test				Bbis. Condensate/MMCF		Gravity of (	Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)		Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  L. M. Sanders, Supervisor, Regulatory  Pristed Name  Affairs  Title  11/24/93  (915) 368-148				Title						
Date		Telepho	ne No.							

## INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.