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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Formerly completed in Vacuum Yates Gas which is now squeezed and abandoned (See Form C-103 dated 12-29-69). Well cleaned out and deepened to 4702' and recompleted in Vacuum Grayburg/San Andres Field.

I. Operator  
**Phillips Petroleum Company**

Address  
**Room B-2, Phillips Building, Odessa, Texas 79760**

Reason(s) for filing (Check proper box)      Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>M. E. Hale</b>	Well No. <b>10</b>	Pool Name, Including Formation <b>Vacuum Grayburg/San Andres</b>	Kind of Lease State, <del>Texas</del> <b>_____</b>	Lease No. <b>B-2317</b>
Location Unit Letter <b>0</b> ; <b>1680</b> Feet From The <b>east</b> Line and <b>960</b> Feet From The <b>south</b>				
Line of Section <b>35</b> Township <b>17-S</b> Range <b>34-E</b> , NMPM, <b>Lea</b> County				

Note: Shares proration unit with Well No. 6 which is temporarily abandoned. Well No. 10 entitled to full unit allowable.

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas-New Mexico Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1510, Midland, Texas 79701</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Room B-2, Phillips Bldg. Odessa, Texas 79760</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>0</b>	Sec. <b>35</b>	Twp. <b>17</b>	Rge. <b>34</b>
	Is gas actually connected? <b>Yes</b>		When <b>12-15-69</b>	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input checked="" type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input checked="" type="checkbox"/> Diff. Res'v.
Date Spudded <del>12-30-64</del> <b>** 12-13-69</b>	Date Compl. Ready to Prod. <b>** 12-15-69</b>		Total Depth <b>6200'</b>		P.B.T.D. <b>2702' (CIBP)</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>4013' GL</b>	Name of Producing Formation <b>Grayburg/San Andres</b>		Top Oil/Gas Pay <b>4029'</b>		Tubing Depth <b>4608'</b>			
Perforations <b>4578-4385'</b>					Depth Casing Shoe <b>6200'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12-1/4"</b>	<b>8-5/8"</b>		<b>1600'</b>		<b>700 sx. Circ.</b>			
<b>7-7/8"</b>	<b>4-1/2"</b>		<b>6200'</b>		<b>800 sx. TOC 3150'</b>			
	<b>2-3/8" tubing</b>		<b>4608'</b>					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <b>12-16-69</b>	Date of Test <b>12-28-69</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump-Insert = 2" x 1-1/4" x 14'</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>---</b>	Casing Pressure <b>---</b>	Choke Size <b>---</b>
Actual Prod. During Test	Oil - Bbls. <b>136</b>	Water - Bbls. <b>0</b>	Gas - MCF <b>213.2</b>

GAS WELL

Actual Prod. Test-MCF/D <b>---</b>	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <b>---</b>	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

**W.J. Mueller**  
(Signature)  
**Associate Reservoir Engineer**  
(Title)  
**12-29-69**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY **[Signature]**

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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 multiply completed wells.