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

State of New Mexico

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Antesia, NIM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

·		10 111	110, 0	<u> </u>			Well A	PI No.			
Operator Phillips Petroleum Cor	npanv						30-0	25-20788	3		
Phillips Petroleum Con	y										
4001 Penbrook Street,	Odess	a <u>, T</u> exa	as 79	9762							
Reason(s) for Filing (Check proper box)						t (Please expla		C 5.T. 3.3	NI was	e from	
New Well		Change in						ne & Well	. Numbei	rrom	
Recompletion	Oil Dry Gas Condensate				Santa Fe, Well No. 94 Effective 12-1-93						
Change in Operator	Casinghe	d Gas L	Conden	###E	Eff	ective I	<u> </u>				
f change of operator give name and address of previous operator											
-	ANDIE	ACE									
I. DESCRIPTION OF WELL	Well No. Pool Name, Including			ng Formation			Kind of Lease State Lease No.				
Lease Name Tract 13				-			State,	State XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Vacuum Glorieta East Location	OILL		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>							
D	. 9	90	Feet Fro	om TheN	North Lin	and33	5 Fe	et From The	West	Line	
Unit Letter	. · 										
Section 26 Township	, 17–	s	Range	35-E	, N	MPM,	Lea			County	
III. DESIGNATION OF TRAN		ER OF O	IL AN	D NATU	Address (Giv	e address to w	hick approved	copy of this for	m is to be se	nt)	
Name of Authorized Transporter of Oil		or Conde						on, Texa			
Texas-New Mexico Pipe	line C		or Dev	Ges 🗔	Address (Giv	e address to wi	hick approved	copy of this for	m is to be se	rt)	
me of Authorized Transporter of Casinghead Gas							Odessa,				
GPM Gas Corporation If well produces oil or liquids,	Unit	Unit Sec. Twp. Rge		Rge.	is gas actuali			When ?			
rive location of tanks.	l N	27	1178	i 35E	Yes		3	3-25-64			
If this production is commingled with that		her lease or	pool, giv	ve commingl	ing order num	ber:					
IV. COMPLETION DATA	-						,	\ 		him n. i.	
		Oil Wel	u l c	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion			L_		Total Depth	<u></u>	<u> </u>	P.B.T.D.			
Date Spudded	Date Con	npl. Ready t	to Prod.		Total Depth			P.B.1.D.			
Flevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Producing 1	COMMENSOR		•							
Perforations								Depth Casing	Shoe		
Letiolanons											
		TUBING	. CASI	NG AND	CEMENTI	NG RECOR	ស				
HOLE SIZE		ASING & T				DEPTH SET		<u>s</u>	ACKS CEM	ENT	
11022 0188											
								 			
					<u> </u>						
	1 200		ZADY TO								
V. TEST DATA AND REQUES OIL WELL (Test must be after to	ST FOR	ALLOW	ABLE	, :!	the amial to a	exceed top al	lowable for th	is depth or be fo	or full 24 ho	ers.)	
			e of toda	ou ana mus	Producing M	lethod (Flow, p	nump, gas lift,	etc.)			
Date First New Oil Run To Tank	Date of 1	CR									
Length of Test	Tubine P	Tubing Pressure				ure		Choke Size			
Length of Tex	, doing .	l doing 1 total									
Actual Prod. During Test	Oil - Bbls.			Water - Bbl			Gas- MCF				
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	neate/MMCF		Gravity of C	Gravity of Condensate		
Premise Flow 1986 - MICELLA											
Testing Method (pitot, back pr.)	Tubing 1	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFIC	ATEC	F COM	[PLJA]	NCE		011 00	NIOED)	/ATION!	אופוי	ΩNI	
I hereby certify that the rules and regu					11	_		'ATION I		JIN	
Division have been complied with and	that the in	formation g	POCE ESVI	ve			3 1 . i	. ₂ a 199	3		
is true and complete to the best of my	knowledge	and belief.			Dat	e Approv	ed	, t 100			
		11		/							
- Desti	100	10-			By.		CONTR	gy JERRY S	EXTON		
Stantire		. Doguil	atomi	. Δff=i×	11	ORIGINA	त् राजासम्य ाः (illi lavisor			
M. Sanders Supe	rvisor	Regut	atory Title	<u>urre</u> Ti	T#1	ـــــــــــــــــــــــــــــــــــــ	- ۱ این بیروین	4 mg 4 - 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
// 11-18-93		(91		8-1488	100	7		<u></u>			
() II IO JS		T	elephone	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.