

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator PHILLIPS PETROLEUM COMPANY

Address 4001 Penbrook Odessa, Texas 79762

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Effective date <u>1-1-86</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas		

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Santa Fe</u>	Well No. <u>97</u>	Pool Name, including Formation <u>Vacuum Yates</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-2073</u>
Location				
Unit Letter <u>N</u>	<u>990</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>			
Line of Section <u>33</u>	Township <u>17S</u>	Range <u>35E</u>	NMPM, <u>Lea</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

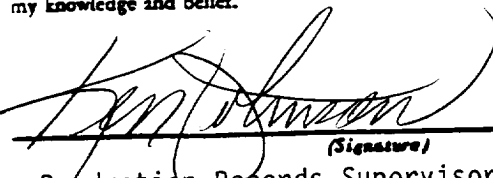
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas New Mexico Pipeline Company</u>	<u>P. O. Box 2528, Hobbs, New Mexico 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips 66 Natural Gas Company GPM Gas Corporation</u>	<u>4001 Penbrook, Odessa, Texas 79762</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>N</u> Sec. <u>27</u> Twp. <u>17S</u> Rge. <u>35E</u>	<u>Yes</u> <u>October 21, 1964</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


Ken Johnson
(Signature)
Production Records Supervisor
(Title)
January 24, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 1 2 1986, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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.

RECEIVED
FEB 21 1986
O.C.D.
HOBBS OFFICE