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

State of New Mexico agy, Minerals and Natural Resources Departm.

Form C-104 Revised 1-1-89

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	O TRAN	SPOR	TOIL	AND NAT	TURAL GA	S				
Operator						Weii API No.					
Phillips Petroleum C	ompany						30-	-025-207	95		
Address			707								
4001 Penbrook Street Reason(s) for Filing (Check proper box)	, Odessa	, Texas	797	62	X Othe	x (Please expla	in)				
New Well	•	Change in Tr	ansporter	of:	Change in Lease Name & Well Number from						
Recompletion	Oil	□ D	ry Gas		Santa Fe, Well No. 101						
Change in Operator	Casinghead Gas Condensate					Effective 12-1-93					
If change of operator give pame											
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE	1 No-	Includia	a Eassation		Kind	f Lease St	ata le	ase No.	
Lease Name Tract 15	Well No. Pool Name, Including				State X			B-1501			
Vacuum Glorieta East	Unit		vac	:uuu (lorieta		40,			<u></u>	
Unit Letter	_ :188	<u>0</u> F	eet From	The SC	outh Line	and18	1)/	et From The .	East	Line	
Section 30 Towns	nip 17–S	R	ange	35–E	, N	мрм,	Lea			County	
III. DESIGNATION OF TRA	NSPARTE	OF OII	AND !	NATUI	RAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)										
Ī	Texas-New Mexico Pipeline Company					P. O. Box 42130, Houston, Texas 77242					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
GPM Gas Corporation						4044 Penbrook Street, Odessa, Texas 79762					
If well produces oil or liquids,	Unit		wp.	Rge.	ls gas actuall	y connected?	When				
give location of tanks.	<u> </u>		17S.L	35E	Yes			-5-64			
If this production is commingled with the IV. COMPLETION DATA	I from any othe	Oil Well		Well	New Well		Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	n - (X)	On wen	Gas	₩eπ	Idem Mett	WOLKOVE		1 110g 5202			
Date Spudded		Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth				Casing Shoe	
		UDING (A SINC	LAND	CEMENTI	NG RECOR	D	<u>!</u>			
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
HOLE SIZE	HOLE SIZE CHARTON TO SIZE										
					<u> </u>			<u> </u>			
V. TEST DATA AND REQUI	EST FOR A	LLOWA	BLE				aahla fan th	ia danek en be	for full 24 hou	ere i	
OIL WELL (Test must be after			load oil	and must	Droducing M	ethod (Flow, pr	owabie jor in ump. eas lift.	eic.)	jor juli 24 nou	73./	
Date First New Oil Run To Tank	Date of Tes	ı			riomeing iv	culcu (r iow, p					
Length of Test	Tubing Pres	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL			<u></u>					<u> </u>			
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)		Choke Size			
AM ODER AMOR CERTAIN	CATEO	COLOR	TARIC	TE:	١						
VI. OPERATOR CERTIFI				.E		OIL CON	NSERV	YATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					11						
is true and complete to the best of m	y knowledge ar	nd belief.			Date	e Approve	ndÛi	<u>. 6 1 4 1</u>	93 3		
1. Italia	W/1,1	10									
In May 11' Jafler					By ORIGINAL SIGNED BY JERRY SEXTON						
M. Sanders Sup	ervisor I			<u>ffair</u>	\$			SUPERVI			
Printed Name //		(915)_3	Title 69-1 <i>4</i>	98	Title)		,			
/ 11-//-9.5 Date		Teles	hone 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.