Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico 1 _rgy, Minerals and Natural Resources Departm.

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

L.		IO IHA	ANS	PORT OIL	AND NA	I UNAL GA	Well A	Pl No.			
Operator Phillips Petroleum Company							30-025-20798				
Address	wibarry								<u> </u>		
4001 Penbrook Street,	Odessa	. Texa	as	79762							
Reason(s) for Filing (Check proper box)	- oucobe	2, 2011			X Oth	et (Please expla	2in)				
New Well	Change in Transporter of:					Change in Lease Name & Well Number from					
Recompletion	Oil Dry Gas					Santa Fe, Well No. 104					
Change in Operator		Effective 12-1-93									
f change of operator give name											
and address of previous operator				 							
IL DESCRIPTION OF WELL	AND LE	ASE									
Lease Name Tract 40	Well No. Pool Name, Including				ng Formation			Kind of Lease State Lease No. State, Redorm or Fee			
Vacuum Glorieta East	Unit	1		Vacuu	m Glorie	eta	State,	XXXXXXX	K B-2	498	
Location	-										
Unit Letter F	_ : 213	0	_ Feet	From The N	orth Lin	e and1	.980 Fe	et From The 🕹	West	Line	
										_	
Section 28 Townsh	ip 17-	-S	Ran	≈ 35–E	, N	MPM,	Lea			County	
III. DESIGNATION OF TRAI	NSPORTE			ND NATU	RAL GAS	e addriss to wi	biob annound	anne of this fo	ie to be e	()	
Name of Authorized Transporter of Oil	X	or Conde	nesie		1						
Texas-New Mexico Pipe	eline Co	ompany				Box 4213					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					1			approved copy of this form is to be sent)			
GPM Gas Corporation								Odessa, Texas 79762			
If well produces oil or liquids,	Unit	Sec.	Twp	: -	-	y connected?	When	1			
give location of tanks.	N	<u> 27</u>	1175		<u>Yes</u>		NR_	·	···		
f this production is commingled with that	from any ot	her lease of	r pool,	give comming	ing order num	ber:					
IV. COMPLETION DATA		100000		Gas Well	N 777-11	Workover	Deepen	Plug Back	Same Dec'y	Diff Res'v	
Designate Type of Completion	- 00	Oil Wel	u	Gas Well	New Well	WOLKOVE	1 Dechen	I LINE DOOR	Same Res	l l	
		pi. Ready 1	D Provi		Total Depth		ــــــــــــــــــــــــــــــــــــــ	P.B.T.D.			
Date Spudded	Date Com	ipi. Keaty i	W 1 100	•				1.5.1.5.			
Flevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				ion	Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)											
Perforations		<u>.</u>			<u> </u>			Depth Casin	g Shoe		
I CIO ELOID								ļ -			
		TIBING	CA	SING AND	CEMENT	NG RECOR	SD.	<u>.'</u>			
UOLE 0175	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
HOLE SIZE CHOILE I SUITE				<u> </u>							
-											
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABL	E	<u> </u>						
OIL WELL (Test must be after	recovery of t	otal volum	e of lo	ad oil and musi	be equal to o	r exceed top all	lowable for the	is depth or be j	for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of T				Producing M	lethod (Flow, p	ump, gas lift,	etc.)			
Length of Test	Tubing Pr	Tubing Pressure				Casing Pressure			Choke Size		
								2 1/05			
Actual Prod. During Test	I. During Test Oil - Bbls.				Water - Bbis.			Gas- MCF	Gas- MCF		
]											
GAS WELL		.,			-						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate		
Actual Flot. Test - MC17D	20252. 00	Longin of 144									
Testing Method (pitot, back pr.)	Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size		
seeing medica (pace, each p.)											
	C + TTC O	E CO) (TOT T	ANICE	1	,					
VI. OPERATOR CERTIFIC						OIL CO	NSERV	ATION	DIVISION	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above											
Division have been complied with an is true and complete to the best of m	v knowiedae v knowiedae	ornmuon g and belief.) VEII #	DOVE	Ⅱ	•	UL.		193		
	,				Dat	e Approve	ea				
1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1.1			/							
1 Myses					∥ By_	By ORIGINAL SIGNED BY JERRY SEXTON					
M. Sanders - Supe	rvisor	Regula	ator	y Affair	11			SUPERVISO			
Printed Name			Tit	le	Title	a		_			
11-23-93				3-1488							
Date		To	elepho	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.