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

## State of New Mexico

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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<b>J.</b>		U I HANS	PURT UIL	AND INA	I UNAL CA						
Operator Phillips Petroleum Company						Well API No. 30-025-20829					
Address 4001 Penbrook S	treet,	Odess	a, TX 79	9762							
Reason(s) for Filing (Check proper box)	<u>·</u>	<del></del>	<del></del>		et (Please expla	in)					
New Well	,	Thomas in Tax	annetes of:				Name	& Well	Number		
D - D - D - D - D - D - D - D - D - D -									Number		
Recompletion $\bigsqcup$					0. 2						
Change in Operator	Casinghead	Gas Co	ndensate	Ei	fective	12-1-	.93				
If change of operator give name and address of previous operator	11 Wes	tern E	&P, Box	576, H	louston,	TX 77	7001				
•	ANDIEA	CE									
II. DESCRIPTION OF WELL			1 M Taskadi	as Famatica		Vind.	of Lease St	2#6 14	ease No.		
Lease Name Tract 5		i	ol Name, Includi	-			Federal or Fe		1399-10		
Vacuum Glorieta .	st Uni	t 3	Vacuum (	<u>Jloriet</u>	<u>a</u>				1399-10		
Location								•			
Unit LetterO	: 460	Fe	et From The $Sc$	outh Lin	e and <u>198</u>	<u>0                                    </u>	et From The	East	Line		
Section 29 Township	17-S	Ra	nge 35-	-E , <b>N</b>	мрм,	Lea			County		
III. DESIGNATION OF TRAN	CPARTER	OF OIL	AND NATI	RAI. GAS							
Name of Authorized Transporter of Oil		or Condensate		Address (Gin	e address to wh	ich approved	copy of this fo	orm is to be se	mi)		
_	$\Lambda$			1							
	Texas-New Mexico Pipeline Company					P. O. Box 42130, Houston, TX 77242  Address (Give address to which approved copy of this form is to be sent)					
	e of Authorized Transporter of Casinghead Gas or Dry Gas				1						
<del></del>	M Gas Corporation			4044 Penbrook Street, Odessa, TX 7976					A 19/62		
If well produces oil or liquids,	Unit :	Sec. Tw		Is gas actually connected? When							
give location of tanks.	A		<u> 178 35E</u>		es		NR				
If this production is commingled with that i	from any other	r lease or pool	, give comming	ing order num	ber:						
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		. Ready to Pro	<u>l</u> d.	Total Depth	<u> </u>		P.B.T.D.	J	_ <del></del> .		
·											
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation				Top Oil/Gas Pay			Tuol: Depth				
Perforations							Depth Casing Shoe				
		IRING CA	SING AND	CEMENTI	NG RECOR	D	.1				
1101 5 0175	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SIZE CASING & TUBING SIZE			IG SIZE	<del> </del>	DEFIN SET		SACKS CEMENT				
	<del> </del>			1							
	ļ						<u> </u>				
			-	ļ			ļ				
							1				
V. TEST DATA AND REQUES											
OIL WELL (Test must be after r	ecovery of tole	al volume of l	oad oil and must	be equal to o	exceed top allo	wable for the	is depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
				1							
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
								Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Oce- MICI				
GAS WELL	1			.1,,							
Actual Prod. Test - MCF/D	Length of T	est		Bbis. Conde	assic/MMCF		Gravity of	Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
	1			1			1				
VL OPERATOR CERTIFIC	ATE OF	COMPLI	ANCE		011 004	ICEDY (	ATION	רוו אכוכ	<b>NI</b>		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above				01 A 600							
is true and complete to the best of my knowledge and belief.				Date	Date Approved DEC 4 993						
/ / / / / / / / / / / / / / / / / / / /	1	,			, things	<b>-</b>					
1 Har N Indles											
Signature				∥ By_	By DRIGINAL SIGNED BY JERRY SEXTON						
L. M. Sanders, Supervisor Regulatory				DISTRICT I SUPERVISOR							
Printed Name Affairs Title				Title							
11/22/93	(9		<u>8-1488</u>								
Date		Telepho	me No.	ti –							

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.