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

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, Artesia; NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TO	TRANS	SPORT OIL	AND NATURAL GA			<u> </u>		
Operator Phillips Petr		Well API No. 30-025-20833							
Address				70740	30-	023-20	7633		
4001 Penbrook		Udes	sa, TX						
Reason(s) for Filing (Check proper box) New Well		nge in Tra	nsporter of:	-11		Nama	S. 1Jo.1.1	Mumbar	
Recompletion	Oil	Ŭ □ Dr	y Gas	Change in from Stat	e "N"	Well N	a werr	Number	
Change in Operator X	Casinghead Ga	: Co	ndensate	Effective	12-1-	- 93			
If change of operator give name She	ell Weste	rn E&	P, Box	576, Houston,	TX 77	001			
IL DESCRIPTION OF WELL	AND LEASE	·							
Lease Name Tract 10	ng Formation	of Lease STATE Lease No. Federal or Fee R 1/22 2							
Vacuum Glorieta Ea	ist Unit	3	Vacuum	Glorieta	State,		, B-T	423-2	
Location Unit Letter H	:2310	Fe	et From The N	orth Line and 330	Fe	et From The	East	Line	
Section 28 Towns	hip 17-S	Ra	nge 35	-Е , NMPM , <u>I</u>	ea			County	
III. DESIGNATION OF TRA	NCDADTED (E OU	AND NATII	DAT. GAS					
Name of Authorized Transporter of Oil	or C	Condensate		Address (Give address to whi	ch approved	copy of this f	orm is to be se	nt)	
Texas-New Mexico	P. O. Box 42130, Houston, TX 77242								
Name of Authorized Transporter of Casinghead Gas X or Dry Gas GPM Gas Corporation				Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, Unit Sec. Twp. Rge.			4044 Penbrook Street, Odessa, TX 79762 Is gas actually connected? When?						
give location of tanks.		•	17S 35E	Yes	i	NR	<u></u>		
If this production is commingled with the	at from any other le	ase or pool	, give comming	ing order number:		· · · · · ·			
IV. COMPLETION DATA		l Well	Gas Well	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	Date Compl. Re	eady to Pro	<u> </u> xt	Total Depth		P.B.T.D.			
San Spanson									
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay	Tubing Depth				
Perforations					Depth Casing Shoe				
	TUB	ING. CA	ASING AND	CEMENTING RECORL)	1			
HOLE SIZE		& TUBI		DEPTH SET		SACKS CEMENT			
					· · · · · · · · · · · · · · · · · · ·		<u> </u>		
V. TEST DATA AND REQUI	EST FOR ALL	OWAB	LE		- t t -		Son E.II 24 hour	\	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	olume of l	oad oil and must	be equal to or exceed top allow Producing Method (Flow, pur			for Juli 24 Mou	rs. _j	
Date Lies Idea Oil Kun 10 1 ams	Date of Test								
Length of Test	Tubing Pressur	:		Casing Pressure	Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.	Gas- MCF				
GAS WELL									
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF	Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressur	e (Shut-in)		Casing Pressure (Shut-in)	Choke Size				
VI. OPERATOR CERTIFI	CATE OF C	OMPI I	IANCE		0.55		504615		
I hereby certify that the rules and reg Division have been complied with a	gulations of the Oil	Conservati	OB	OIL CON	SERV	ATION	DIVISIO	N	
is true and complete to the best of m	y knowledge and b	elief.	/	Date Approve	d	űĈ	<u> </u>		
I Land	I hallo.					- स च्या			
Signature	jujece			By	AL SIGN	D BY JERI	Y SEXTON	<u> </u>	
//I. M. Sanders S	Juperviso			JAKIGIN	DISTRICT	SUPERVI	SOR		
Printed Name A 11/22/93	ffairs (915		tle -1488_	Title			_		
11/22/93 Date) 300 Telepha							

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.