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

## State of New Mexico

## 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 TO TRANSPORT OIL AND NATURAL GAS

Operator									Well API No.				
Phillips Petroleum Company								30-025-20866					
Address													
4001 Penbrook Street,	Odessa	a. Texa	as	79762									
						X Other (Please explain)							
New Well	0"	Change in	Dry (	_		Change in Lease Name & Well Number from							
Recompletion	Oil Casinghea			ensate	State "M", Well No. 13 Effective 12-1-93								
Change in Operator Life change of operator give name	Changie		COLO	charc									
and address of previous operator											· · · · · · · · · · · · · · · · · · ·		
IL DESCRIPTION OF WELL	AND LE	ASE											
Lease Name Tract 35									d of Lease State Lease No.				
Vacuum Glorieta East						Glorieta			State, Pedentkor Pres B-227				
Location													
Unit Letter D	<u> 33</u>	30	Feat :	From The N	orth Lin	and 330	•	Fe	t From The	West	Line		
							_						
Section 34 Township	<u> 17-s</u>		Rang	• 35–E	, N	MPM,		Lea	·		County		
W DEGICAL TION OF TRAN	срорте	TO OF O	TT A	NID NATE	DAT CAS								
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conder		ND NATO	Address (Giv	e address to wi	hich app	roved	copy of this f	orm is to be	sent)		
-	X Jino C				1	Box 4213	• •				7242		
Texas—New Mexico Pipeline Company 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 Str			eet, Odessa, Texas 79762					
If well produces oil or liquids,	Unit	Init Sec. Twp. Rge. Is gas actually				y connected?	When ?						
give location of tanks.	N	27	175		Yes			NR			<del></del>		
If this production is commingled with that	from any oth	ner lease or	pool, g	give comming	ling order num	ber:							
IV. COMPLETION DATA		<del>_,</del>			,		<del>,</del>			<u> </u>			
Designate Type of Completion	- (X)	Oil Well	!!	Gas Well	New Well	Workover	Deep	pen	Plug Back	Same Res'	v Diff Res'v		
		pi. Ready to	. Perod		Total Depth	<u> </u>	٠	<i>-</i>	P.B.T.D.	<u> </u>			
Date Spudded	Date Com	pr. Kesuy u	o Floa.	•					1 1				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth				
Elevations (DF, RRB, R1, OR, Ett.)									Tabing Sopu.				
Perforations					-l				Depth Casin	g Shoe			
	1	TUBING,	CAS	ING AND	CEMENTI	NG RECOR	D D						
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT			
											<del></del>		
V. TEST DATA AND REQUES	T FOR	ATTOW	ARI	<u>r</u>					1				
OIL WELL (Test must be after r					t he easal to on	exceed top all	owable f	or this	depth or be	for full 24 h	ours.)		
Date First New Oil Run To Tank	Date of Te		0,			ethod (Flow, pr				, , , , , , , , , , , , , , , , , , ,			
Date of real Police of real													
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
-					_								
ctual Prod. During Test Oil - Bbls.				Water - Bbis.				Gas- MCF					
									<u></u>				
GAS WELL													
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conde	sate/MMCF			Gravity of	Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
				. <u></u> .	J,				<u> </u>				
VI. OPERATOR CERTIFIC	ATE OF	F COMI	PLIA	NCE	11 .	OIL CON	NOE	<b>5</b> 17	ATION	חו/יום	ION		
I hereby certify that the rules and regul					'	JIL CON	NO⊏I	<b>77</b> /	HION	סועוט	ION		
Division have been complied with and is true and complete to the best of my l			ren abo	)Ve		_	. 1	100	કુતું જો	<b>02</b>			
is the and complete while best of my					Date	Approve	ed	الدل	દ્વ ઝુ	<b>3</b> 3			
Righarder Superior Regulatory Affair													
					∥ By_	By ORIGINAL SIGNED BY JERRY SEXTON							
Not. M. Sanders - Supervisor Regulatory Allair					<b>:</b>	DISTRICT I SUPERVISOR							
Printed Name			Title		Title								
11-23-93	-		_368 ephone	3 <u>-1488</u>		<u> </u>							
Date		1 69	كالالماليات	iW.	H								

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.