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 Pag

DISTRICT II P.O. Drawer DD, Antesia, 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

I.	T	O TRAN	SPORT OIL	AND NA	TURAL GA					
Operator					Well API No.					
Phillips Petroleum Company						30-025-20867				
Address	_									
4001 Penbrook Street,	Odessa	, Texas	79762	F=1 03	/D: 1	• • •				
Reason(s) for Filing (Check proper box) X Other (Please explain)										
New Well	Change in Transporter of: Change in Lease Name & Well Number from									
Recompletion U Dry Gas State "M", Well No. 14 Change in Operator Casinghead Gas Condensate Fffortive 12-1-93										
Change in Operator										
and address of previous operator										
II. DESCRIPTION OF WELL	AND LEA	SE								
Lease Name Tract 35 Well No. Pool Name, Including Formation							Kind of Lease State Lease No.			
Vacuum Glorieta East	Unit 2 Vacuum Gl			lorieta State, I			B-2273			
Location		·····		· · · · · ·	**	•				
Unit Letter C : 330 Feet From The North Line and 1650 Feet From The West Line										
Section 34 Township 17-S Range 35-E , NMPM, Lea County										
THE DESCRIPTION OF THE ANGROPHED OF ON AND MATTER AT CAS										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil										
	[A]									
Texas-New Mexico Pipe Name of Authorized Transporter of Casing	P. O. Box 42130, Houston, Texas 77242 Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casinghead Gas										
If well produces oil or liquids,					4044 Penbrook Street, Odessa, Texas 79762 Is gas actually connected? When?					
give location of tanks.	:	17s 35E	Yes NR							
If this production is commingled with that f	rom any othe				ber:		* .			
IV. COMPLETION DATA	•	-	_	_			· ·			
D :		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -		1	<u> </u>		<u> </u>			<u> </u>		
Date Spudded	Date Compi.	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
En est (DE DVD PT CD)				Ton Oil/Gas	Top Oil/Gas Pay Tubing Denth					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top On One	Tubing Depth					
Perforations					Depth Casing Shoe					
	CEMENTING RECORD									
HOLE SIZE				DEPTH SET				SACKS CEMENT		
									_	
V. TEST DATA AND REQUES										
OIL WELL (Test must be after re			oad oil and must	· -				for full 24 hour	5.)	
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)										
and of Test				Casing Pressure Choke Size						
Length of Test Tubing Pressure				Caking Fress	ire		5.23			
Actual Prod. During Test Oil - Bbls.				Water - Bbis.			Gas- MCF			
Actual Field During Feet Oil - Bols.										
CACHERIA	L			l			L			
GAS WELL Actual Prod. Test - MCF/D	Length of To			Bbis. Conden	ente/MMCE		Gravity of C	`ondeneste		
Longii Vi 100					Doi: Commission Navice			Giviny di Galaccia		
Testing Method (putot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)					
					, ,					
VI OPERATOR CERTIFICA	ATE OF	COMPLI	ANCE				l			
VI. OPERATOR CERTIFICATE OF COMPLIANCE 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					71.2					
is true and complete to the best of my knowledge and belief.					Date Approved 020 14 1993					
					Date Approved					
1 July 11 Japles					D. ORIGINAL SIGNIES					
Symptone Sandars - Supervisor Regulatory Affaire					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
M. Sanders - Supervisor Regulatory Affairs Printed Name Title							EKVISOR			
11-23-93	1	915) 36		Title						
Date		Telepho								

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.