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

State of New Mexico ____ .rgy, Minerals and Natural Resources Departm

Form C-104 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	O TRA	NSP	ORT OIL	AND NA	UHAL GA		M Na			
Operator	Weil API No.										
Phillips Petroleum Company Address						30-025-20883					
4001 Penbrook Street,	വ്യാ	, Ψο ν =	95 .	79762							
Reason(s) for Filing (Check proper box)	Odebba	/ ICAC	<u></u>	73102	X Oth	я (Please explo	iin)				
New Well	(Change in	Transp	orter of:	Ch	ange in	Lease Na	ame & We	ell No.	from	
Recompletion	Oil		Dry G	_	St	ate 5-27	, Well 1				
Change in Operator	Casinghead	Gas 🗌	Conde	nsate	Ef	fective	<u>12-1-93</u>				
If change of operator give name and address of previous operator	Chevron	U.S.A	. In	c., Box	1635, H	ouston	TX 7725	1			
and armos or previous operance											
II. DESCRIPTION OF WELL			D1 1	T Includi	Ftion		Wind a	floor C	1	ease No.	
Lease Name Tract 26 Vacuum Glorieta East	Well No. Pool Name, Including								of Lease State Lease No. RECONTROL B-1839-1		
Location	OHIL		<u> </u>	vacuum	GIOLIECE			·	1 151	039-1	
<i>n</i>	. 9	90	East I	The N	orth Lin	33	O 15-	et From The	West	Line	
Unit Letter	- : <u>-</u>		. rea i	TOM The	140	- ADU		et Pioni The			
Section 27 Township	17-S		Range	35-I	E , N I	ирм,	Lea	1		County	
III. DESIGNATION OF TRAN				ND NATU	RAL GAS	e adáress to wi					
Name of Authorized Transporter of Oil	لكا	or Conden	1834C								
Texas-New Mexico Pipeline Company Name of Authorized Transporter of Casinghead Gas					P. O. Box 42130, Houston, Texas 77242 Address (Give address to which approved copy of this form is to be sent)						
					4044 Penbrook Street, Odessa, Texas 79762						
GPM Gas Corporation If well produces oil or liquids,					Is gas actually connected? When ?						
give location of tanks.	N			35E	Yes			NR .			
If this production is commingled with that	from any othe	r lease or	pool, g	ive commingl	ing order num	Der:					
IV. COMPLETION DATA									<u> </u>		
D. i T of Convolution	(%)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		D. D. andread			Total Depth	<u> </u>	İ	10000	J		
Date Spudded	Date Compi	. Ready to	o PTOG.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Elevations (Dr., RRB, RI, GR, Ele.)	evalons (Dr., RAB, R1, GR, etc.)					-			Tuoing Depar		
Perforations					<u> </u>			Depth Casi	ng Shoe		
TUBING, CASING AND (
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								ļ	·		
	ļ				 			-			
					 						
V. TEST DATA AND REQUES	T FOD A	IIOW	ARIX	7				<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after r					he equal to or	exceed top alle	owable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes		0,			ethod (Flow, pu			<u> </u>		
par in item of item is item.	DED 01 100	-				•					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
_								C. MCT			
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.			Gas- MCF			
	<u> </u>				<u> </u>			<u></u>	······································		
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condes	muc/MMCF		Gravity of	Condensate		
	Tubing Pressure (Shut-in)				Cooler Dec				Chaka Siza		
Testing Method (pitot, back pr.)					Casing Pressure (Shut-in)			Choke Size			
	<u> </u>	ac:			1			<u> </u>			
VI. OPERATOR CERTIFIC				NCE	(ISFRV	ATION	DIVISIO	NC	
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 is true and complete to the best of my knowledge and belief.					Date Approved						
	1 .				Date	Approve	<u> </u>	· ·-			
Ind IV alla					11						
Signature (1)					∥ By_				Y JERRY S		
L.M. Sanders - Supervisor Regulatory Affairs					11		DIS	TRICT I S	UPERVISOR		
Printed Name 1122-93	. ((915)	Title 368-	-1488	Title						
Date	`		ephone								

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.