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

## State of New Mexico \_\_\_\_\_.rgy, Minerals and Natural Resources Departme.

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., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Antesia; NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well API No.				
Phillips Petroleum C	ompany						30	-025-210	196		
Address								<u> </u>		<del></del>	
4001 Penbrook Street	, Odess	a, Tex	as	79762							
Reason(s) for Filing (Check proper box)			_			her (Please exp					
New Well	Change in Transporter of: Oil Dry Gas				Ch	Change in Lease Name & Well Number from					
Recompletion	Casinghea	—	, ·	leasate	St	ate "K",	Well	No. 9			
If change of operator give name	Campies	10 Cas	Conc	CERTAL	Ef	fective	<u>12–1–9:</u>	3			
and address of previous operator										<del></del>	
IL DESCRIPTION OF WELL	AND LE	ASE									
Lease Name Tract 17		Well No. Pool Name, Includi			ing Formation			Kind of Lease State Lease No.			
Vacuum Glorieta East	Unit	1	Va	acuum Gl	orieta			State, Francisco Rec X B-1527			
Location J	21.	10		_							
Unit Letter	_:21	10	Feet	From The 💆	South Li	ne and198	30	Feet From The	East	Line	
Section 31 Townshi	. 17-5 Page 25-5					n (7m (	Lea		_		
Section 51 Townsin	p 17-s		Rang	<u> 35–F</u>	٠,١	MPM,	Беа			County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil	- V	or Conden				ve address to w	hich approv	ed copy of this	form is to be se	ent)	
Texas-New Mexico Pipe	Pipeline Company					P. O. Box 42130, Houston, Texas 77242					
Name of Authorized Transporter of Casinghead Gas or				or Dry Gas Address (Give address to which				approved copy of this form is to be sent)			
GPM Gas Corporation					4044 Penbrook Stre			t, Odessa, Texas 79762			
If well produces oil or liquids, give location of tanks.	Unit				Is gas actual	ly connected?	Whe				
If this production is commingled with that	A	31	17		Yes			VIR			
IV. COMPLETION DATA	nom any our	er sense or j	poot, g	ive comming	ung order num	iber:		·			
		Oil Well	$\neg r$	Gas Well	New Well	Workover	Deepen	Dive Deek	Same Res'v	bier posts	
Designate Type of Completion	- (X)	1	i	<b>CES</b> CII	i rem wen	WOLKOVE!	Dechen	Plug back	joarne Kesv	Diff Res'v	
Date Spudded	Date Comp	. Ready to	Prod.		Total Depth	.1	<del></del>	P.B.T.D.	1	_1	
Elevations (DF, RKB, RT, GR, etc.) Name of Produ			tucing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations					L	<del></del>					
								Depth Casir	ng Shoe		
		IIRING	CAS	INIC AND	CEMENT	NC DECOR	<u> </u>				
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					CEIVIENTI	DEPTH SET	<u>U</u>		DAGUG OFFIER		
	White Tobild GEE					DEF IN SET		+	SACKS CEMENT		
							· · · · · · · · · · · · · · · · · · ·	-			
									-		
V. TEST DATA AND REQUES											
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	al volume o	of load	oil and must	be equal to or	exceed top allo	wable for th	is depth or be	for full 24 hou	's.)	
Date First New Oil Rull 10 1ank	Producing Method (Flow, pump, gas lift, etc.)										
ength of Test	Tubing Pressure				Casing Press			Choke Size	Choke Size		
	Tooms Treasure				Coming 1 (Com			Choke Size	Ciloto Size		
Actual Prod. During Test Oil - Bbls.					Water - Bbis.			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of To	est			Bbis. Conden	sate/MMCF		Gravity of C	ondensate		
									· ·		
esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	Choke Size		
I. OPERATOR CERTIFICA	ATE OF	COMPI	LIAI	VCE						<del></del>	
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.					DIC 14 1993						
The second of th	No sepage and	oener.	,	/	Date	Approved	1	्रभ ध्य	<u> </u>		
X MISYI I she					ORIGINAL SIGNED BY JERRY SEXTON						
Signature						DIST	BICT LEI	PERVISOR	XTON		
L. M. Sanders - Superv	isor Re	gulato	ry .	Affairs				WEKAIZOK			
Printed Name 11-22-93			Title		Title						
Date 11-22-93	(91	.5) 368	3 <u>–14</u> bose N			7/77/	····		· · · · · · · · · · · · · · · · · · ·		
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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.