

DISTRIBUTION		P. O. BOX 2528	
SANTA FE		SANTA FE, NEW MEXICO 87501	
NAME			
NO.			
L.S.S.			
ADDRESS			
TRANSPORTER		OIL	
		GAS	
OPERATION			
OPERATION OFFICE			
PHILLIPS PETROLEUM COMPANY			
Address			
4001 Penbrook		Odessa, Texas 79762	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>		Change in Transporter of:	
Recompletion <input type="checkbox"/>		Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>		Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
		Changed from Phillips Oil Company August 1, 1985	
Change of ownership give name of address of previous owner			
PHILLIPS OIL COMPANY 4001 Penbrook Odessa, Texas 79762			
DESCRIPTION OF WELL AND LEASE			
Well Name		Well No.	Pool Name, including Formation
Santa Fe		113	Vacuum Yates
			Kind of Lease
			State, Federal or Fee State
			Lease No.
			B-2519
Location			
Unit Letter B : 330 Feet From The north Line and 2310 Feet From The east			
Line of Section 34 Township 17 S Range 35 E , NMPM, Lea County			
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Texas New Mexico Pipe Line Company		P. O. Box 2528 Hobbs, New Mexico 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Company		4001 Penbrook Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.		Unit	Sec.
		B	34
		Twp.	Rge.
		17S	35E
		Is gas actually connected? When	
		yes 7-10-58	
If this production is commingled with that from any other lease or pool, give commingling order number:			
COMPLETION DATA			
Designate Type of Completion - (X)			
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Re			
Date Spudded		Date Compl. Ready to Prod.	Total Depth
			P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation	Top Oil/Gas Pay
			Tubing Depth
Perforations		Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE		CASING & TUBING SIZE	DEPTH SET
			SACKS CEMENT
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top of hole for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks		Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test		Tubing Pressure	Casing Pressure
			Choke Size
Actual Prod. During Test		Oil - Bbls.	Water - Bbls.
			Gas - MCF
GAS WELL			
Actual Prod. Test-MCF/D		Length of Test	Bbls. Condensate/MMCF
			Gravity of Condensate
Testing Method (pistol, back pr.)		Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)
			Choke Size
CERTIFICATE OF COMPLIANCE			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			
G. L. Rose			
(Signature)			
Controller			
(Title)			
August 1, 1985			
(Date)			
OIL CONSERVATION DIVISION			
AUG 1 5 1985			
APPROVED _____, 19 _____			
ORIGINAL SIGNED BY EDDIE SEAY			
BY _____			
TITLE OIL & GAS INSPECTOR			
This form is to be filed in compliance with RULE 1104.			
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devt tests taken on the well in accordance with RULE 111.			
All sections of this form must be filled out completely for a well on new and recompleted wells.			
Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of conditions.			
Separate Forms C-104 must be filed for each pool in multiple completed wells.			

RECEIVED

AUG - 8 1985

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