NO. OF CUPIES RECE	EIVED		
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.	İ	<u></u>	
LAND OFFICE		<u> </u>	
TRANSPORTER	OIL		
I RANGE ON LEN	GAS		
OPERATOR			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

FILE						AND					
U.S.G.S.		AU	THOR17	ZATION	TO TRA	NSPORT	OIL AND	NATURAL	. GAS		
LAND OFFICE	+++										
TRANSPORTER GAS	+-+-										
OPERATOR	+++										
PRORATION OFFICE											
Operator	1 Carr										
Phillips Petro	races conf	born									
Address 3-2, Pt.1	line ald	e. O	iossa.	Texas	in .						
Reason(s) for filing (Chec	**	B•) ~		* Annie		.	Other (Pleas	e explain)			
New Well	, proper vox)	Char	nge in Tro	ansporter	of:		Adviso	of gas		empertion and	
Recompletion		Oil	•		Dry Gas	s	request	allows	ble.		
Change in Ownership		Casi	inghead G	Gas 🗌	Conden	sate 🗶					
							See 00	mietis	b data go	-104 Mlad unde	
If change of ownership g and address of previous		******					date o	L i Mar	£ 27, 1968	•	
una udaress or previous						l					
DESCRIPTION OF WE	LL AND L	EASE	I Ma I Do	ol Marco	Including Fo	ormation		Kind of Le	ease	Lease No.	
Lease Name		1			neted		TAT .	State,	ERICHEK.	34778	
Location						110110					
P	510		-	ecul		e and	870	Feet Fro		ess.	
Unit Letter	i	r ee	et From T						ř		
Line of Section) Towi	nship	17-6		Range	Harris	, NMPI	м,	74hr	County	
DESIGNATION OF TI	RANSPORT	ER OF	OIL AN	nD NAT	URAL GA	S	(Cine address	to which on	proved copy of th	is form is to be sent)	
Name of Authorized Trans					1		1510, 146			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Texas New Mexi					Gas 🎏	Address	(Give address	to which cp	proved copy of th	is form is to be sent)	
Phillips Petro	Loun Com	peny				im.	3-2, Phil	Lilps 21	dg., Oloce	a, Texas	
		Unit	Sec.	Twp.	Rge.		ctually connec	ted?	When		
If well produces oil or liq give location of tanks.	uids,	¦ F	29	17-8	*	1			11-1-66		
If this production is com	mingled with	h that fro	om anv c	ther leas	se or pool.	give com	mingling ord	er number:	F\$-363		
. COMPLETION DATA		i tilat iiv								Same Resty. Diff. Rest	
Designate Type of		n (X)	Oil W	Well	Gas Well	New Wel	Workover	Deepen	Plug Back	Same Res.v. Din. Res.	
	Completion			l do to Dood	<u> </u>	Total De	anth .		P.B.T.D.		
Date Spudded		Date Co.	mpl. Read	ny to Prod	1,	10,41 De	- ptii				
Elevations (DF, RKB, RT	CP oto	Name of	f Producin	na Formati	ion	Top Oil	/Gas Pay		Tubing Dep	oth	
Elevations (Dr., RRB, RI	, GA, etc.	Traine or	, 1044								
Perforations	<u> </u>	L							Depth Casi	ng Shoe	
			TUE	BING, CA	ASING, AND	CEMEN	TING RECO				
HOLE SIZE	<u>: </u>	C.A	ASING &	TUBING	SIZE		DEPTH	SET	<u></u>	ACKS CEMENT	
		<u> </u>				 					
		 				-		~			
, 		 									
		<u> </u>	OWADI	1D 470 -			ery of total sig	lume of load	oil and must be a	equal to or exceed top all	
TEST DATA AND RE	QUEST FO	JR ALL	OWABL	abl	st must be a le for this de	epth or be	for full 24 hou	irs)		.4227 10 0. 0.00000 10,	
Date First New Oi. Run	o Tanks	Date of	Test			Produci	ng Method (Fl	ow, pump, 170	is lift, etc.)		
Length of Test		Tubing	Pressure			Casing	Pressure		Choke Size)	
					·-	 	22.1-		Gas-MCF		
Actual Prod. During Test		O11-Bb	ls.			Water - E	יפוחני.		CAB - IVIOF		
		<u></u>									
040 227											
GAS WELL Actual Prod. Test-MCF		Length	of Test			Bbls. C	ondensate/MM	1CF	Gravity of	Condensate	
Actual Flod: Tedi-Mory	_										
Testing Method (pitot, be	ick pr.)	Tubing	Pressure	(Shut-i	n)	Casing	Pressure (Sh	ut-in)	Choke Size	•	
	• ,			•	-						
CERTIFICATE OF (OMDI IAN	CE					OIL	CONSER	RVATION CO	MMISSION	
CERTIFICATE OF C	OHI LIMIN	CL					\cap		5		
f hereby certify that th	e rules and r	regulatio	ons of the	e Oil Co	nservation	1	ROVED -	0	116	, 19	
		with end	i that thi	e informa	ation given	11			41 Clan	us	
and value and com	hiere to the	. Jest 0	. my kuc			- ' -	110		// ""		
1		~?				TITL	/ /				
all la	· ///	7	<u>L</u> g	.1 . isaa	em f i e		This form is	to be filed	in compliance	with RULE 1104.	
JAM.	A J. Meiler						If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation				
senal te	(Sian	ature)	inser			tests	taken on th	e well in a	ICCOLGENCE MITTE	I KOLE 1111	
						\	All coctions	of this for	n must be filled	out completely for all	
11-de-tall	Ti	itle)				able	on new and	tecombrere	G Merre.		
		ute/				well	rill out only name or num	ber, or tran	sporter, or other	VI for changes of own such change of conditi	
		ALE /								_	

Jule)

Separate Forms C-104 must be filed for each pool in multiply completed wells.