District I

PO Box 1980, Hobbs, NM 88241-1980

District II

PO Drawer DD, Artesia, NM 88211-0719

District III 1000 Rio Brazos Rd., Aztec, NM 87410

District IV

PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico y, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, NM 87504-2088

X AMENDED REPORT

I.		REQUES'	T FOR A	ALLOWAI	BLE AND A	LUTHO	RIZA"	TION TO T	RANSPOR	КТ
		¹ Ope	erator name as						OGRID Number	
Phillips (ıny				\sim		017643	
4001 Penbi							1	10-1-963 R	Reason for Filing (Code
Odessa, T	X 7976				(5.3)		<u> </u>	STATE 35	5 UNIT(FOR	RM.; MABLE #3
			i		⁵ Pool N				6	Pool Code
7 Pro	025 - 2295 operty Code	55		VACU	IUM GRAYBUR 8 Property	G/SAN A	ANDRES	,	9,	62180 Well Number
/	59		i	· ———	- •	35 U,	nit			013
	Surface	e Location								010
UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/Sor		Feet from the	East/West line	e County
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UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the		outh Line	Feet from the	East/West line	
E 12 Lse Code	35 13 Producia	17S ing Method Cod	34E	Connection Date	2310 e 15 C-129 Per		RTH 16	990	WEST	LEA
Lse Code	** F1000	P P	de Gas	Connection Daw	13 C-129 F61	rmit Number	r	⁶ C-129 Effective	Date 11 C-	C-129 Expiration Dat
III. Oil and	d Gas T	·	ers							
18 Transporter OGRID		19 Tran	nsporter Nam	ne	20 POD	5	21 O/G		D ULSTR Locati	
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IV. Produc	red Wat	or								
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V. Well Co	<u>~</u> ompletic	on Data		-						
²⁵ Spud Da	ate	26 F	Ready Date		²⁷ TD		28	8 PBTD	29 Pr	erforations
30 Ц.										
~ no	ole Sie		31 Casing	g & Tubing Size		32 Dept	th Set		33 Sacks C	ement
										
						·				
— <u> </u>										
VI. Well Te										
34 Date New O)il 35	35 Gas Delivery	/ Date	³⁶ Test Date	37 T	Test Length		38 Tbg. Pressure	39 (Csg. Pressure
⁴⁰ Choke Size		⁴¹ Oil	-	42 Water	4:	⁴³ Gas		⁴⁴ AOF	45 7	Test Method
I hereby certify complied with and	that the infor	ormation given a	onservation D above is true	Division have bee and complete to	on o	OI	IL CON	SERVATION	DIVISION	
he best of my know Signature:	wledge and	Pref.)	<u></u>	ii .	by:				
Printed name: K. R. OBER	и <u>г</u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·	Title:	<u>.</u>	<u> </u>	<u></u>	5	
Title: COORDINATOR	· · · · · · · · · · · · · · · · · · ·	TTONC			Approval D	Date:	Swep		•	
Date:			Phone: 01E	- 200 1071		No. of the second of				
10/7/			915	5-368-1675						
" II this is a chair	ige of operati	or fill in the G	GRID numbe	er and name of tr	the previous operate	or		-		
	Previo	Signature	 _	Print	Printed Name Title Date					