40. OF COPIES ALC	IIVED	!	
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			

VI.

NEW MEXICO OIL CONSERVATION COMMIS

Form C+104

	FILE	REQUEST		LOWVELE			sedes Old 1140 1-1-65	C-104 and C-1		
•	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
	LAND OFFICE	THE THE PERSON TO TRAINE ORT OIL AND MATURAL GAS								
	IRANSPORTER OIL									
	GAS									
_	OPERATOR OFFICE	+								
I.	PROPATION OFFICE Operator					·				
	PHILLIPS PETROLEUM COMPANY									
	4001 Penbrook Street, Odessa, Texas 79762									
	L		762							
	Reason(s) for filing (Check proper box			Other (Please	explain) Ore	der No. 5	371 Ch	ange		
	Recompletion	Chaide In Traitefortal of:				cause of Unitization.				
	Change in Ownership X	Casinghead Gas Condensate Formerly: Mobil State #1								
	If change of ownership give name and address of previous owner	Polaris Prod. Corp., P.	O. Box	1749, Mid	land, Te	xas 7970:	2			
	•									
H.	DESCRIPTION OF WELL AND	LEASE. SA Well No.; Pool Name, Including F	ormutton.		Kind of Lease					
	Unit Tract No. 2270	001 Vacuum GB-S		ı	State, KXXX		İ	Lease No.		
	Location Vacuum GB-SA						l	587		
	Unit Letter J : 1650 Feet From The South Line and 2310 Feet From The East									
					_					
	Line of Section 22 Tov	mahip 17 Bange	35	, ММРИ,	Lea	·····		County		
***	DECICHATION OF TRANSPORT	TED OF OUR AND NATURAL CO								
III.	Name of Authorized Transporter of Oil			(Give address to	which approv	ed copy of this	form is to	be sent)		
				.O. Box 2528, Hobbs, N.M. 88240						
	1	ome of Authorized Transporter of Casinghead Gas 🗓 or Dry Gas 🗀 Address (Give address to which appro				ved copy of this form is to be sent)				
	Phillips Petroleum Com		4001 Penbrook St., Od							
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas ac	tually connected	1? Whe	n				
	give location of tanks. L 22 17 35 No									
īV	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA									
	Designate Type of Completio	Oll Well Gas Well	New Well	Workover	Deepen	Plug Back	Same Hes/v	. Diff. Restv.		
			<u> </u>	1	<u>.</u>	, ,		† 		
	Date Spudded	Date Compl. Ready to Prod.	Total De	pth		P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/	Gas Pay		Tubing Depth				
						. some capital				
	Petforations					Depth Casing	Shoe	 -		
		TUBING, CASING, AND	CEMEN.	CEMENTING RECORD DEPTH SET		SACKS CEMENT				
	HOLE SIZE	CASING & TUBING SIZE		DEPTH 3ET		SAC	KS CEME	NI		
		<u> </u>	<u> </u>							
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable to the death of the formal and th									
	Oll, WEIL able 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 Preseure			Choke Size				
			Water · Bble.			Gae-MCF				
	Actual Prod. During Test	Oli-Bbis.	watet - Dr	74.5.		Gam-MC1				
	I		<u> </u>		····					
	GAS WELL									
	Actual Frod. Test-MCF/D	Length of Test	Bble. Con	ndeneate/MMCF		Gravity of Cor	ndeneate			
	Teeting Method (pitot, back pr.)	Tubing Preseure (shut-in)	Castan	ressure (Shut-	(n)	Choke Size				
;	restring method (prior, back pri)	raping Pressure (Bure-In)	Caring		,	C				
71 71	CERTIFICATE OF COMPLIANC	·F		OIL C	ONSERVA	TION COMM	IISSION			
• • •	Chillian Com Binic			ر ن کاری	IAN 17	19 79				
	I hereby certify that the rules and regulations of the Oil Conservation		APPRO	OVED		1013				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Orig. Signed by							
	• • • • • • • • • • • • • • • • • • • •		John Kunyan							
				TITLE GROUPS						
	S/M Atres			This form is to be filed in compliance with RULE 1104.						
	(Signature)			If this is a request for sllowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation.						
	PRODUCTION CLERICAL SUPERVISOR			tests taken on the well in accordance with AULE 111.						
•	(Title)			All sections of this form must be filled out completely for allowable on new and recompleted wells.						
	January 15 19/2			Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition						
	(Dut	•) /		nie or number, parete forma						
		· · · · · · · · · · · · · · · · · · ·		end wells.			•	/		