			_	
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SANTA FE				
FILE				
U.S.G.S.			<u> </u>	
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OF				

NEW MEXICO OIL CONSERVATION COMMIS. \supset N

Form C-104

	SANTA FE REQUES		FOR ALLOWABLE		Supersedes Old Effective 1-1-6	Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE		AND					
-	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
-	LAND OFFICE							
	TRANSPORTER -	SAS						
-	OPERATOR	3,73						
_ }	PROPATION OFFIC							
1.	Operator	- _ <u> </u>						
	Freeport	Oil Compan	ıy					
ı	Address							
	1005 V &	J Tower, h	fidland, Texas 79791					
	Reason(s) for filing (C	_		Other (Pleas	e explain)			
	New Well		Change in Transporter of:	_				
	Recompletion	=	Oil Dry Gas Castnahead Gas Conden	ĦI.				
l	Change in Ownership		Casinghead Gas Conden	sate				
	If change of ownershi	ip give name						
	and address of previo							
-	DESCRIPTION OF	WELL AND I	FASE					
11.	DESCRIPTION OF Lease Name	WELL AND I	Well No. Pool Name, Including Fo	ormation	Kind of Lease		Lease No.	
	Mattie Price		2 West Garrett (Devonian)	State, Federal	or Fee Fee	_]	
	Location						İ	
	Unit Letter H	, 1650	Feet From The North Line	e and990	Feet From Th	ne East		
	Onit Better							
	Line of Section	6 Tow	nship 178 Range	38E , NMP	м,	Lea	County	
III.	DESIGNATION OF	TRANSPORT	ER OF OIL AND NATURAL GA	S Cina address	to which approve	ed copy of this form is	to be sent)	
	Name of Authorized T							
	Phillips Petro	oleum Compa	any - Trucks inghead Gas or Dry Gas	B-2 Phillips Address (Give address	bldg. Ode	ed copy of this form is	to be sent)	
	Name of Authorized T	ransporter of Cas	ingheda Gas of Dry Gas	Address (Other address	to which appropri	,		
	None		Unit Sec. Twp. Ege.	Is gas actually connec	ted? When	<u> </u>		
	If well produces oil or	r liquids,						
	f this production is commingled with that from any other lease or pool, give commingling order number:							
***			h that from any other lease or pool,	give comminging ord	er number:			
IV.	COMPLETION DA		Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'v.	
	Designate Type	e of Completio	$\mathbf{x} = \mathbf{x}$	X	, 		1	
	Date Spudded		Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	April 21, 197	0	July 5, 1970	12.684' Top Oil/Gas Pay				
	Elevations (DF, RKB,	, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
	3728 Gr		Devonian	12,558 De		12,628		
	Perforations					· ·	Depth Casing Shoe	
	None Open Hol	e 12,560				12,560'		
			TUBING, CASING, ANI			SACKE CE	MENT	
	HOLES		CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT		
	17-1/2"		12-3/4"	404 '		375 500		
	11"	<u> </u>	8-5/8"	5,15		750		
	7-7/8"	<u> </u>	5-1/2"	12,56		/30		
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and chie for this denth or he for full 24 hours)							exceed top allow-	
V.	TEST DATA AND	KEGUESI F	able for this de	epole of ou jor just at hor			<u> </u>	
	Date First New Oil R	lun To Tanks	Date of Test	Producing Method (FI	ow, pump, gas lif	t, etc.)		
	July 5, 197	' 0	July 8, 1970	Flowing		1.00		
	Length of Test		Tubing Pressure	Casing Pressure		Choke Size		
	24 hours		40#			39/64"		
	Actual Prod. During	Test	Oil - Bbls.	Water-Bbls.				
	134		134	0		10.45		
	GAS WELL		Length of Test	Bbls. Condensate/MM	ACE.	Gravity of Condensa	t•	
	Actual Prod. Test-N	NCEAD	Length of Test	BB257 CONCONCENT, INS.		•		
	Testing Method (pita	hack pe	Tubing Pressure (Shut-in)	Casing Pressure (Sh	ut-in)	Choke Size		
	resting Method (pito	re, owen pre/			-			
				OII	CONSERVA	TION COMMISSI	ON	
VI	. CERTIFICATE 0	F COMPLIAN	CE.		OIL CONSERVATION COMMISSION APPROVED			
			regulations of the Oil Conservation	APPROVED				
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. BY								
				//				
			TITUE SUPERVISOR DISTAL.					
				This form is to be filed in compliance with RULE 1104.				
Don L Sanks			If this is a request for allowable for a newly drilled or deepene					
	$\alpha \sim \alpha \sim \alpha$			- 11	- .		. Af the devicetion	

Don L Sarks	
(Signature) Division Engineer	
(Title)	

July 10, 1970

(Date)

well, this form must be accompanied by a tabulation of the ditests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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.

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

CEV. HIER

UL 1 4 1970

OL COMMENTATION COUNTY ROPCE, ALSO