Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well.	API No.			
Phillips Petroleum Com	npany						30-	025-237	00		
Address				-							
4001 Penbrook Street,	Odessa	, Texa	s 7	9762							
Reason(s) for Filing (Check proper box)					∑ Out	et (Piease expid	ain)				
New Well		Change in	Transp	orter of:	Ch	ange in 1	Lease N	ame & We	ell Numb	er from	
Recompletion $\square$	Oil 📙 Dry Gas 📙					Santa Fe, Well No. 117					
Change in Operator Casinghead Gas Condensate						fective :	12–1–93				
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	ANDIE	A CE								•	
Lease Name Tract 12	Well No.   Pool Name, Including				ing Formation	ng Formation Kind c			of Lease State Lease No.		
Vacuum Glorieta East U	i l				- I Co			RECORD XXX B-1497			
Location	J.1.2.0	1			.02.2000				<del></del>		
	. 99	·O	P. A.	77k	South ti-	e and 1650	)	eet From The	West	Line	
Unit LetterN	_ :	· <u>·</u>	_ reat r	TOM THE	SOULTI -	E 2000		set Prom 1 me		Line	
Section 27 Township	<b>1</b> 7-	·S	Range	35-E	, N	MPM,	Lea			County	
III. DESIGNATION OF TRAN	SPORTE			ND NATU							
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipeline Company						P. O. Box 42130, Houston, Texas 77242  Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casing	ghead Gas	X	or Dry	Gas	1						
GPM Gas Corporation	1		1=			enbrook_S			Texas	79762	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actual	y connected?		When ?			
	N	27	179		Yes	•		3-17-71		<del></del>	
If this production is commingled with that in IV. COMPLETION DATA	from any ou	er lease or	pool, gr	ive comming	ung order num		<del></del>				
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod		Total Depth	I	<u> </u>	P.B.T.D.	<u>.                                    </u>		
Date Spunded	Danc Con.	pr. Romay o	J . 104.					F.B.1.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations									Depth Casing Shoe		
renous									ag Caroo		
	7	TIRING	CASI	NG AND	CEMENTI	NG PECOP	ח				
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
HOLE SIZE CASING & TUBING S				SIZE	DEF IN SET			OAONO GEMENT			
					· · · · · · · · · · · · · · · · · · ·			<del> </del>		<del></del>	
	<del>                                     </del>			·							
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE								
OIL WELL (Test must be after re					be equal to or	exceed top allo	owable for th	is depth or be	for full 24 ho	urs.)	
						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Length of Test Tubing Pressure					ште		Choke Size			
Actual Prod. During Test Oil - Bbls.				Water - Bbis			Gas- MCF				
GAS WELL											
Actual Prod. Test - MCF/D Length of Test					Bbis. Conde	sate/MMCF		Gravity of Condensate			
esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE					<b>-</b>		
I hereby certify that the rules and regula						DIL CON	ISERV	ATION	DIVISION	NC	
Division have been complied with and that the information given above						N					
is true and complete to the best of my knowledge and belief.					Date	Date Approved DEC 1 4 1993					
. ( b / )	VI	11		_	Daile	, tholore	<del>-</del>	<del></del>			
1 Aug 11	100	co_			n	ORIGINA	l Sidaisa	RV IEDAY			
Sprianire					11	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT   SUPERVISOR					
L. M. Sanders - Super	visor	Regula		<u>Affair</u>	H		· · · · · · · · · · · · · · · · · · ·	2015K A12(	JK		
Printed Name	(	(Q1E 2	Title	100	Title						
/ <u>11-18-93</u> Date	$\overline{}$	(915 <u>3</u> Tele	ebpone								
		4 -001			TI .						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.