NO. OF COPIES REC	EIVED		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROPATION OFFICE			

	DISTRIBUTION SANTA FE FILE	_	ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-10 Supersede Effective	s Old C-104 and C-110			
	U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR	AUTHORIZATION TO TRA		AL GAS				
I.	PRORATION OFFICE Operator							
	Phillips Petroleum Company							
	Room B-2, Phillips B	uilding, Odessa, Texas						
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga: Casinghead Gas Conden		Marine Marine	1 Air			
	If change of ownership give name and address of previous owner	40-44						
II.	DESCRIPTION OF WELL AND I	EASE						
	Lease Name Santa Fe	Well No. Pool Name, Including Fo		Ledse	Lease No. B1497			
	Location	O Feet From The South Lin		From The				
	200		55-E , NMPM,	Loa	County			
m.	DESIGNATION OF TRANSPORT				<u> </u>			
	Name of Authorized Transporter of Oil Texas New Mexico P.L	or Condensate	Address (Give address to which		n is to be sent)			
	Name of Authorized Transporter of Cas		Box 1510, Midland Address (Give address to which		n is to be sent)			
	Phillips Petroleum Company		Room B-2, Phillip Is gas actually connected?	Bldg., Odessa	., Texas 79760			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. N 27 17-8 35-E	yes	3-17-71				
	If this production is commingled with COMPLETION DATA	h that from any other lease or pool,	give commingling order number	71				
	Designate Type of Completio	n - (X) Gas Well	New Well Workover Deep	en Plug Back Same	e Res'v. Diff. Res'v.			
	Date Spudded 2–20–71	Date Compl. Ready to Prod. 3-9-71	Total Depth 6200	P.B.T.D. 615 0				
	Elevations (DF, RKB, RT, GR, etc.) 3945! DF, 3946! RKB	Name of Producing Formation Glorieta	Top Oil/Gas Pay 5930	Tubing Depth				
	Perforations 6041-471, 6052-551, 605	Perforations Depth Casing Shoe						
			CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	1667!		SACKS CEMENT			
	12-1/ <u>4</u> " 7-7/8"	4-1/2"	62001		26001			
		2-3/8" tbg	60771					
V.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)							
	Date First New Oil Run To Tanks 3-10-71	Date of Test 3-17-71	Producing Method (Flow, pump, Pumping	gas lift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	24 hrs. Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF				
		156	5	122.6				
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Conde	neate			
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size				
VI.	CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation			ERVATION COMMIS	SION			
			APPROVED MAR ?		, 19			
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Jaly						
		TITUE SUPERVISO	o Disposic					
	Off 11		This form is to be file	ed in compliance with	RULE 1104.			
W.J. Mueller (Signature)		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation						

/		
126		
	M.J. Mueller	
////	(Signature)	
	Senior Reservoir Engineer	
	(77:41-1	

3-18-71

(Date)

well, this form must be accompanied by a tabulation of the deviation tests 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.

MAR CONSTRUCTO

• •

; ;

i qu

.