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

NEW MEXICO OIL CONSERVATION COMMISSION

•	B1868 No.
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	d C-104 and C-110
Form C-104	

	SANTA FE	REQUEST	FOR ALLOWABLE		edes Old C-104 and C-11	
	U.S.G.S.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATH		ve 1-1-65	
	LAND OFFICE		AND ON OIL AND NATO	KAL GAS		
	TRANSPORTER GAS					
	OPERATOR					
1.	PRORATION OFFICE Operator					
	HILLIPS PETROLEUM C	OMPANY				
	ROOM 711, Phillips	Building, Odessa, Texas 7	9760			
	Reason(s) for filing (Check proper b	ox)	Other (Please expla	in)		
	New Well Recompletion	Change in Transporter of: Oil Dry G	as T			
	Change in Ownership	Casinghead Gas Conde				
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND					
	Santa Fe-A (Com)	1 Vacuum, North		of Lease	B1666 No.	
	Location Unit Letter;6	60 Feet From The sorth Lin	ne and 619 Fee	t From The		
	Line of Section 7	Ownship 17-5 Range	35 B , NMPM,	iee	County	
III.	DESIGNATION OF TRANSPORMED OF Authorized Transporter of C	RTER OF OIL AND NATURAL GA	Address (Give address to whic			
	Mobil Pipe Line Compa Name of Authorized Transporter of C	my .	Box 900, Ballas, To	mas 75221	·	
	Phillips Petroleum Co	TPETY	Address (Give address to whice Rm 711, Phillips B	ilding, Odeses		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 7 178 351	Is gas actually connected?	When		
IV.	If this production is commingled we COMPLETION DATA	with that from any other lease or pool,	give commingling order numb	er:		
	Designate Type of Complet		New Well Workover Dee	pen Plug Back Sa	me Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations		1	Depth Casing S	nce	
		TUBING, CASING, ANI	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACK	SCEMENT	
v.	TEST DATA AND REQUEST 1		fter recovery of total volume of le pth or be for full 24 hours)	oad oil and must be equal	to or exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump	gas lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Cil-Bbls.	Water - Bbls,	Gas - MCF		
	GAS WELL					
	Actual Prod. Test=MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Cond	ensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIAN	NCE	OIL CONS	ERVATION COMMI	SSION	
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED JUI	<u>24 1972</u>	, 19	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Orlg. Signed by				
			TITLE Dist. I, Supv.			
	5 1. 1			ed in compliance with	DIII F 1104	
	5. 11 Dag	R. M. Ball	If this is a request fo	allowable for a newly	drilled or deepened	
	(5.6	marar c,	well, this form must be ac tests taken on the well in	accordance with RUL	E 111.	
		infervisor itle)	All sections of this fo	rm must be filled out of ted wells.	completely for allow-	
	7-20-72		Fill out only Sections I, II, III, and VI for changes of owner,			

(Date)

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.

RECEIVED

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JUL 2 1 1972 OIL CONSERVATION COMM. INVOICE, M. M.