

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Phillips Petroleum Company	
Address Room 711, Phillips Building, Odessa, Texas 79761	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Lea	Well No. 24	Pool Name, including Formation Vacuum Grayburg/San Andres	Kind of Lease State, Federal or Peer	Lease No. B4118
Location Unit Letter ' P ; 660 Feet From The south Line and 660 Feet From The east Line of Section 21 Township 17-S Range 34-E , NMPM, County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico P.L. Company	Address (Give address to which approved copy of this form is to be sent) Box 1519, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Room 711, Phillips, Odessa, Texas 79761					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 21	Twp. 17	Rge. 34	Is gas actually connected? Yes	When 12-13-73

If this production is commingled with that from any other lease or pool, give commingling order number: -----

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
	X					X		X
Date Spudded FD 12 13-73	Date Compl. Ready to Prod. 12 13 73		Total Depth 9000		P.B.T.D. 8720			
Elevations (DF, RKB, RT, GR, etc.) 4038.6' Gr.	Name of Producing Formation Grayburg/San Andres		Top Oil/Gas Pay 4578		Tubing Depth 4645			
Perforations 4645'-52'					Depth Casing Shoe 8996			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8-5/8"	24#, 32#	1606 (300 sx Incor SR 20% DD, 250 sx Incor SR 2% CaCl ₂ , Circ 50 sx)	
5-1/2"	14#, 15.5#, 17#	8996' (1800 sx TRIM 250 sx Class H Temp survey TOC at 3550')	

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 12-15-73	Date of Test 12-17-73	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test	Oil-Bbls. 8	Water-Bbls. 10	Gas-MCF TSTM

GAS WELL

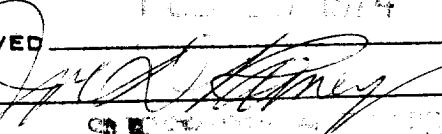
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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.


W. J. Mueller
(Signature)
Senior Reservoir Engineer
(Title)
2-13-74
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
TITLE _____

This form is to be filed in compliance with RULE 1104.
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 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.