			_	
NO. OF COPIES RECEIVED				
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL			
TRANSFORTER	GAS			
OPERATOR				
PRORATION OFFICE				
Operator				

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1.1.55

FILE		AND	Effective 1-1-65	
	AUTHORIZATION TO TRAI	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
U.S.G.S.	AUTHORIZATION TO TRAI	NSPURT OIL AND NATURAL GA	43	
LAND OFFICE				
TRANSPORTER				
GAS				
OPERATOR				
I. PRORATION OFFICE				
Operator				
Phillips Petroles Address	um Company			
Room 711. Phillin	s Bldg., Odessa, Texas 797	61		
Reason(s) for filing (Check prope	r box)	Other (Please explain)	İ	
New Well	Change in Transporter of:			
Recompletion	Oil Dry Gas			
Change in Ownership	Casinghead Gas Conden	sate		
If change of ownership give na and address of previous owner		PLACED IN THE POOL		
•	DESMANATED SECON. (80 Jey Res Alexander	IF YOU DO NOT CONCUR		
II. DESCRIPTION OF WELL A	IND LEASE	761	Lease No.	
Lease Name	Well No. Pool Name, Including Fo	Kine !		
Lea	26 Undesignated	accella (1 . State, Enderal	or Fee B 4118	
Location				
Unit Letter N	660 Feet From The south Line	e and 2180 Feet From T	he 	
Line of Section 21	Township 17-5 Range	34-E , NMPM, Lea	County	
II. DESIGNATION OF TRANSI	PORTER OF OIL AND NATURAL GA	S	1	
Name of Authorized Transporter	of Oil 😨 💮 or Condensate 🗀	Address (Give address to wnich approv	ed copy of this form is to be sent)	
Nobil Pipe Line Co	ornoration	Box 900, Dallas, Texas	75221	
Name of Authorized Transporter	of Casinghead Gas 🔀 💮 or Dry Gas 🦳	Address (Give address to which approv	ed copy of this form is to be sent)	
		Poom 711 Philling Bld	g., Odessa, Texas 79761	
Phillips Petroleur	Twp. Rge.	Room 71 Phillips Eld Is gas actually connected? Whe	Bet comment towns 1710m	
If well produces oil or liquids, give location of tanks.	N 21 17-S 34-E	Yes	6-17-72	
	ed with that from any other lease or pool,	give commingling order number		
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
Designate Type of Comp			1 1 1	
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Date Spudded	,			
5-15-72	6-17-72	9005	8970 Tubing Depth	
Elevations (DF, RKB, RT, GR, e		Top Oil/Gas Pay		
4063' Gr., 4077' D	F Abe	E300'	Depth Casing Shoe	
			i	
8847-501 8869-721	, 8876-79', 8888-91'		9005	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12 1/4"	8 5/8"	36431 (350 ax Incor SR	w/20% DD, 1# Tufplug/ex,	
1/4		(250 av Trees SP	w/25 CaCl 2. Circ 25 ex.	
7 7/8"	5 1/211		W, 250 ex Class H cmt.	
	2 3/8"	8840	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
V TEST DATA AND DECITE	ST FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allows	
V. TEST DATA AND REQUES	able for this de	pen or de jor juit 24 nous		
Date First New Cil Run To Tank	ks Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)	
	7-2-72	Insert nump 2" x 1 1/4		
6-17-72 Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	,			
Actual Prod. During Test	Oil-Bhis.	Water-Bbis.	Gas-MCF	
Actual Prod, During 1851			20 1	
		15	23.4	
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Buts. Condensate/MMICF	G. L. I. J. G.	
	,	Control Description (Charles of the Control of the	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-iz)	CHORA 2174	
VI. CERTIFICATE OF COMP	LIANCE		TION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		1111	13 1972	
		APPROVED	ed by	
		Orig. Sign	ed by	
		Geolog	uyau	
/)			AST	
-/-	TITLE			
12/2/01	.///	This form is to be filed in	compliance with RULE 104.	
1/1/1/1/1/	lle W. J. Mueller	If this is a request for allow	vable for a newly drilled or deepened	
114	(Signature)	well, this form must be accompated tests taken on the well in accompa	wied by a fabilition of the dayserous	
	The signal was as	Lesis taken on the well in account	st be filled out completely for allow-	
Senior Reservoir	ALIGNOOT	All sections of this form mu	its	

(Title) July 10, 1972 (Date)

able 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.

OF CONTROL COMM.

STATE OF NEW MEXICO

INCLINATION REPORT

ONE COPY MUST BE FILED WITH EACH COMPLETION REPORT.

Field Name	Undesignat	ted	County Lea	
Operator _	Phillips Per	troleum Company	Address Room 711	Phillips BldgGityOdessa, Tex.
Lease Name	Lea		Well No. <u>26</u>	
Location _	Unit N,	660 feet	from the south 1	ine and 2180 feet from
	west			17-S , Range 34-E
		RECORD OF IN	<u>CLINATION</u>	
D 13 (D 1	` -	Angle of	7 11 (7 1)	Angle of
Depth (Feet	<u>inc</u>	lination (Degrees)	Depth (Feet)	Inclination (Degrees)
<u>250</u> 500	_	<u>3/4</u> 1/2		
750		1/2		
1250 1644		<u>3/4</u> 3/4		
2629	_	1		
3186	_	1		-
3657 4320		<u> </u>		
4898	_	3/4		
5391		3/4		-
5888 6439	_	3/4		**************************************
6746		3/4		
7597 8491		1		
9000		1/4		
			48-46-4-	
				Charles The Control of the Control o
				
	_			-
				<u> </u>
	-			
				
				
	-			-
		4		
	-			
I hereby ce and that su	rtify that I ch informati	have personal knowledg on given above is tr ue	and complete.	w. J. Mueller
_			Senior Reservoir	le of Affiant Engineer
	ubscribed to	before me, this the 2	6th day of	June ,
19 72				
			Notary Public in a	Yvonne Melton and for Ector
			County, Texas	•
Mrr Commi	eeion Evnine	e June 7 1072		