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	TRANSPORTER	OIL						
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١.	PRORATION OFF	ICE						
	Operator							
	Texas I	ntern	ati	ona	<u>1 P</u>	<u>etro</u>		
	Address							
	1720 Wilco Building, Midl							
	Reason(s) for filing ((Check p	roper	box)	_			
	New Well					Change		
	Recompletion					011		
	Change in Ownership	<u>,</u>				Casing		
	If change of ownership give name and address of previous owner							
	and address of pro-		•					
1.	DESCRIPTION O	F WEL	LA	ND I	EΑ	SF.		
	Lease Name					Well N		
	Nichols	on		-	 -	_ 2_		
	Location							
	Unit Letter	0		76	6	_Feet F		
	Line of Section	10		Tow	nshij	•		

NEW MEXICO OIL CONSERVATION COMMISS REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 HORIZATION TO TRANSPORT OIL AND NATURAL GAS leum Corporation and, Texas 79701 Other (Please explain) X Dry Gas head Gas X Condensate Kind of Lease Lease No. lo. Pool Name, Including Formation State, Federal or Fee Fee Humble City (Strawn) From The South Line and 1874 <u>East</u> Feet From The Range 37E , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil | X | or Condensate | | Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701

Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipeline Co. Name of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips Petroleum Corp. Phillips Bldg., Odessa, Texas Rm. 711, P.ge. Sec. Twp. If well produces oil or liquids, give location of tanks. August 23, 1973 10 **17S** 37E yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Besty, Diff. Besty. Plug Back Oil Well Gas Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Spudded Date Compl. Ready to Prod. Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF. RKB. RT. GR. etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. 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. This form is to be filed in compliance with RULE 1104. If this is a request for silowable 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.

Ochlilm	
(Signature)	
Division Engineer	
(Title)	
August 27, 1973	
(Date)	

APPROVED AUG 30 19	<u>/</u>
Drie Signed by D. Ramey	
Dist. I, Supr.	

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, sell name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply

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CL CUNTENATION COMM.