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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico ...ergy, Minerals and Natural Resources Departs.

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

000 Rio Brazos Rd., Aztec, NM 87410	REQUE	ST FO	R AL	LOWAE	LE AND A	AUTHORI TURAL G	AS				
perator							Well API No.				
Phillips Petroleum Company						30-025-24806					
Address	Odogga	Тоха	- 7	9762							
4001 Penbrook Street, Resson(s) for Filing (Check proper box)	Odessa,	rexas	5 /	9102	X Oth	es (Piease expl	ain)				
New Well	C	hange in ]	Franspo	ner of:		ange in				er from	
Recompletion	Oil		Dry Ga		Wa	rn State	as A/C-3	Well N	0.8		
Change in Operator X	Casinghead		-			fective	<del></del>	<del></del>	<del></del>		
f change of operator give name and address of previous operator  Marc	athon Oi	1 Co.	, Bo	x 552,	Midland	<u>, Texas</u>	<u>79702</u>				
L DESCRIPTION OF WELL	AND LEAS	SE									
nase Name Tract 24 Well No. Pool Name, Includi				ng Formation			Lease Sta	-	sase No.		
Vacuum Glorieta East	Unit	1	٧a	cuum G]	lorieta		State,		N B-17	13-1	
Location	1650			N	Jorth	a	90 =	_	East		
Unit Letter H	. 1650		Feet Fr	om The	North Lin	e and	Fe	et From The	<u> </u>	Line	
Section 33 Township	, 17-s		Range	35 <b>-</b> E	.N	мрм,	Lea	L		County	
					•						
III. DESIGNATION OF TRAN				D NATU	RAL GAS		tist same	aam, as shia sa	- is to be se	met)	
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)  P. O. Box 42130, Houston, Texas 77242						
Texas-New Mexico Pipeline Company  Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
GPM Gas Corporation	,,,,,,,	ىما	,		1	Penbrook					
If well produces oil or liquids,	Unit S	Sec.	Twp.	Rge.	ls gas actuall	y connected?	When	?			
give location of tanks.	N	27	17S	35E	Yes			NR			
If this production is commingled with that i	from any other	r lease or p	ool, giv	re commingi	ing order sum	ber:					
IV. COMPLETION DATA		Oil Well	<del></del>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i	i `								
Date Spudded	Date Compl.	Ready to	Prod.		Total Depth			P.B.T.D.			
					To- Oil/Con	Date					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	ray		Tubing Depth			
Perforations					<u> </u>	<u>,</u>		Depth Casin	g Shoe		
									_		
	Τ	JBING,	CASI	NG AND	CEMENTI	NG RECO	RD				
HOLE SIZE					DEPTH SET			SACKS CEMENT			
	<u> </u>										
	<u> </u>										
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		<u> </u>			<u> </u>			
OIL WELL (Test must be after r	ecovery of total	al volume o	of load	oil and must	be equal to o	exceed top al	lowable for the	s depth or be	for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Test	L .			Producing M	lethod (Flow, p	ownp, gas tyt,	uc.)			
I wish of Test	Tubing Pressure				Casing Press	ure		Choke Size	Choke Size		
Length of Test	1 tubing Pleasante										
Actual Prod. During Test	Oil - Bbls.				Water - Bbla	<u> </u>		Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate		
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
Testing Method (pitot, back pr.)					Casing Fresh	anse (2004-111)		Close Size			
AT ODED ATOD CEDTER	ATE OF	COL	TTAT	VCE	1			1		<del></del>	
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regul				NCE		OIL CO	NSERV	ATION	DIVISIO	NC	
Division have been complied with and	that the inform	matica give	na abov	e			000 to 100 100	مستسيد يجدر			
is true and complete to the best of my	knowledge an	d belief.			Date	e Approv	ed UEC	3 393			
1 (ATH)						Date Approved UEC 13 1993  ORIGINAL SIGNED BY JERRY SEXTON					
La All I	year			<del></del> .	∥ By_	OR1	UINAL SIG	NED BY JE	RRY SEXT	ON	
Signature L. M. Sanders - Super	visor R	egulat	ory	Affair	11		DIST KIL	TISUPER	VISOR		
Printed Name			Title	1.400	Title	)	<u></u>				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

368-1488

4) Separate Form C-104 must be filed for each pool in multiply completed wells.