NEW MEXICO OIL CONSERVATION COM   ON

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

NO. OF COPIES RECEIVED		
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I.

Operator

Phillips Petroleum Company

Address

4001 Penbrook St., Odessa, Texas 79762

Reason(s) for filing *(Check proper box)*

New Well ☐   Change in Transporter of:

Recompletion ☐   Oil ☐   Dry Gas ☐

Change in Ownership ☐   Casinghead Gas ☐   Condensate ☐

Other *(Please explain)*

Relocation of tank battery

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Vacuum G/SA Unit, Tract No. 3229	Well No. 008	Pool Name, Including Formation Vacuum G/SA	Kind of Lease State, XXXXXXXXX	Lease No. B-1576-3

Location

Unit Letter ___N___ ; __1300__ Feet From The __South__ Line and __2400__ Feet From The __West__

Line of Section __32__ Township __17-S__ Range __35-E__ , NMPM, __Lea__ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate ☐

Texas-New Mexico Pipeline

Address *(Give address to which approved copy of this form is to be sent)*

P. O. Box 2528, Hobbs, NM 88240

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas ☐

Phillips Petroleum Company GPM Gas Corporation

EFFECTIVE: February 1, 1992

Address *(Give address to which approved copy of this form is to be sent)*

4001 Penbrook St., Odessa, TX 79762

If well produces oil or liquids, give location of tanks.	Unit J	Sec. 32	Twp. 17-S	Rge. 35-E	Is gas actually connected? Yes	When 7-12-80

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

IV. COMPLETION DATA

Designate Type of Completion – (X)

	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same 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			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE   *(Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)*
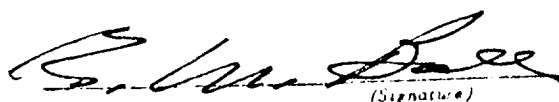
OIL WELL

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	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

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.

_____
(Signature)

Clerical and Services Supervisor
(Title)

9-4-80
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 ___

SEP 11 198_

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 multiple completed wells.