

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF TONNES DESIGNED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Phillips Petroleum Company

Address 4001 Penbrook, Odessa, Texas 79762

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)  Effective Date 1-1-86
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Castorhead Gas	

☐ Dry Gas ☐ Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>East Vacuum G/SA</u>	Well No. <u>004</u>	Pool Name, including Formation <u>Vacuum G/SA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>E-1404-2</u>
Unit, Tract No. <u>2717</u>				
Location				
Unit Letter <u>P</u> : <u>150</u> Feet From The <u>South</u> Line and <u>160</u> Feet From The <u>East</u>				
Line of Section <u>27</u> Township <u>17-S</u> Range <u>35-E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas-New Mexico Pipeline</u>	<u>P.O. Box 2528, Hobbs, N.M. 88240</u>
Name of Authorized Transporter of Castorhead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips 66 Natural Gas Company</u>	<u>4001 Penbrook, Odessa, Texas 79762</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>F</u> Sec. <u>26</u> Twp. <u>17S</u> Rgn. <u>35E</u>	<u>Yes</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Ken Johnson  
(Signature)  
Production Records Supervisor  
(Title)  
January 24, 1986  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 10 1986, 19  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
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 Form C-104 must be filed for each pool in multiple completed wells.

RECEIVED  
FEB 20 1986  
O.C.D.  
HOBBS OFFICE