

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. API No. 30-025-30016

Operator **Phillips Petroleum Co.**

Address **4001 Penbrook St., Odessa, TX 79762**

Reason(s) for filing (Check proper box)

☒ New Well ☐ Recompletion ☐ Change in Ownership

Change in Transporter of:

☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Tract 3374</b> <b>East Vacuum Gb/SA Unit</b>	Well No. <b>004</b>	Pool Name, Including Formation <b>Vacuum Gb/SA</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-2863-1</b>
Location				
Unit Letter <b>L</b>	<b>1950</b>	Feet From The <b>South</b>	Line and <b>210</b>	Feet From The <b>West</b>
Line of Section <b>33</b>	Township <b>17-S</b>	Range <b>35-E</b>	<b>NMPM</b>	Lea <b>County</b>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

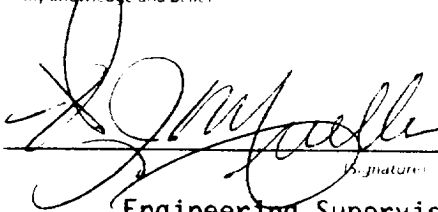
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas New Mexico Pipeline</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 2528, Hobbs, NM 88240</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips 66 Natural Gas Co. GPM Gas Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>4001 Penbrook St., Odessa, TX 79762</b>
If well produces oil or liquids, give location of tanks	Unit   Sec   Twp   Rge. <b>I   33   17S   35E</b>
Is gas actually connected? <b>Yes</b>	When <b>6/30/88</b>

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.

  
**W. J. Mueller**  
Engineering Supervisor, Reservoir  
(Date) **8/4/88**

OIL CONSERVATION DIVISION  
**AUG 10 '88**, 19  
APPROVED  
BY **Eddie W. Seay**  
TITLE **Oil & Gas Inspector**

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 production unit

#### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5/29/88	Date Compl. Ready to Prod 6/30/88	Total Depth 4800'				P B T.D. 4684'		
Elevations (DF, RKB, RT, GR, etc.) 3951' GR	Name of Producing Formation Gb/SA	Top Oil/Gas Pay 4364'				Tubing Depth 4333'		
Perforations 4364' - 4515'						Depth Casing Shoe 4800'		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1534'		1000 sk			
7-7/8"	5-1/2"		4800'		1200 sk			
	2-7/8"		4333'					

#### 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 allowable for this depth or be for full 24 hours.)

##### OIL WELL

Date First New Oil Run To Tanks 6/30/88	Date of Test 7/5/88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 207	Water-Bbls. 368	Gas-MCF 82

##### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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