Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexicoergy, Minerals and Natural Resources Departm.

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

DISTRICT II P.O. Drawer DD, Antesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	O TRAN	SPORT OIL	AND NA	TURAL GA	4S	60 XI			
Operator					Well API No.					
Phillips Petroleum Company					30-025-30506					
Address ADD Pophrook Street	ന്റുടോ .	. Tovac	79762							
4001 Penbrook Street, Odessa, Texas 79762 Reason(s) for Filing (Check proper box) [X] Other (Please explain)										
New Well	Change in Transporter of: Change in Lease Name & Well Number from									
Recompletion	Oil Dry Gas Santa Fe, Well No. 13:									
Change in Operator	Casinghead	Gas L C	ondensate	Ef	fective	12-1-93				
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL A	ND LEAS	SE								
Lease Name Tract 22		Well No. Po	ool Name, Includin				nd of Lease State Lease No.			
Vacuum Glorieta East Unit 1 Vacuum Glorieta Sate, Teleptur Pax B-1608									08	
Location		_	-					East	• • •	
Unit Letter B	:330) F	set From The _N	orth. Lin	and	<u>[() Fe</u>	et From The .	<u> </u>	Line	
Section 33 Township	17-5	5 R	ange 35-E	, N	MPM, Le	ea			County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Or Condensate Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Oil Texas—New Mexico Pipel	لخا									
Name of Authorized Transporter of Casing	P. O. Box 42130, Houston, Texas 77242 Address (Give address to which approved copy of this form is to be sent)									
GPM Gas Corporation	4044 Penbrook Street, Odessa, Texas 79762									
If well produces oil or liquids,	Unit :	Sec. T	wp. Rge.	is gas actuali	y connected?	When				
give location of tanks.	N		17S 35E	Yes			-22-89			
If this production is commingled with that fi IV. COMPLETION DATA	rom any othe	r lease or po	ol, give commingi	ing order num		· · · · · · · ·				
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	· (X)		i					<u>i</u>	1	
Date Spudded	Date Compl	. Ready to P	rod.	Total Depth			P.B.T.D.			
				Top Oil/Gas Pay						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				TOD OTLORS	ray		Tubing Dep	Tubing Depth		
Perforations					Depth Casing Shoe					
TUBING, CASING AND C										
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
								·		
V. TEST DATA AND REQUES	T FOR A	LLOWAI	BLE							
OIL WELL (Test must be after re	covery of tot	al volume of	load oil and must	be equal to o	exceed top all	lowable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test	t		Producing M	ethod (Flow, p	ump, gas iyi, i	uc.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size	Choke Size		
Lengui or real	Tuong Treatme									
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF	Gas- MCF		
				<u></u>						
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate			
	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	Choke Size		
Testing Method (pitot, back pr.)										
M OPERATOR CERTIFIC	ATE OF	COMPI	IANCE	<u> </u>	·		<u> </u>			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above					Date Approved					
is true and complete to the best of my knowledge and belief.					Approve	ed	به در در 			
1 Charles							Veest vee	SEXTON		
Signature					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
L. M. Sanders - Supervisor Regulatory Affairs					DISTRICE 1 301 24					
Printed Name 11-22-93	(9	915) 36	Fitle 8–1488	Title	\$48 min or a first					
Date			hone No.							

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