STATE OF NEW MEXICO			form C-104 Revised 10-1-78
AGY AND MINEAALS DEPARTMENT	OIL CONSERVA		
DISTAINUTION	P. O. DO		
5AN1A / 5	SANTA FE, NEW	MEXICO 87301	
U.S.G.B.			
LAND DFFICE OIL	REQUEST FOR		
CAB OPENATOR X PADRATION OFFICE		ORT OIL AND NATURAL GAS	· · · · · · · · · · · · · · · · · · ·
Operatar			
Phillips Oil Company			
4001 Penbrook Street		Other (Please esplain)	· · · · · · · · · · · · · · · · · · ·
Reason(s) for filing (Check proper box,	) Change in Transporter of:	Uner (Freuze explaint)	
New Well Accompletion	Citi Dry Ga	• Effective 12/01	/83
Change in Ownership	Casinghead Gas Conden	sate	
If change of ownership give name	Phillips Petroleum Compá	nv. 4001 Penbrook Street	, Odessa, Texas 79762
and address of previous owner			
DESCRIPTION OF WELL AND	LEASE Weil No.   Pool Name, Including Fo	Kind of Leas	
New	2 Eumont-Yates-7	R-Queen Gas State, Federa	lor Fee State B-2204
Location	, <u> </u>		North
Unit Letter <u>H</u> ; <u>330</u>	Feet From The East Lin	e and <u>1980</u> Feet From '	TheNorth
Line of Section 26 T.	mahip 20S Range 3	6E , NMPM. Lea	Count
	TT OT AND MATURAL CA	e ,	
DESIGNATION OF TRANSPORT	CONDENSATION OF OIL AND NATURAL GA	Address (Give address to which appro	ved copy of this form is to be sent)
		Address (Give address to which appro	ued copy of this form is to be sent)
Name of Authorized Transporter of Car		P. 0. Box 2376, Hobbs,	
Northern Natural Gas (	Unit Sec. Twp. Rge.	Is gas actually connected?	en
If well produces ail or liquids, give location of tanks.	н 26 205 36Е	No	· · · · · · · · · · · · · · · · · · ·
If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	
	Oli Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res
Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	Date Compt. Reday to Prou.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			·
		CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		fter recovery of total volume of load oil	and must be equal to or exceed top al
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas 1	1j1, elc.j
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Lendry of Look		Dolo	Gas • MCF
Actual Prod. During Test	Oll-Bhis.	Water-Bbls.	
			<u> </u>
GAS WELL		Bbis. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Teeting Method (pital, back pr.)	Tubing Pressure ( shut-in )	Casing Pressure (Shut-10)	Choke Size
CERTIFICATE OF COMPLIANCE		DIL CONSERVATION DIVISION	
I hereby certify that the rules and	regulations of the Oil Conservation		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	
above is the and complete to the	· · · ·	DISTRICT	SUPERVISOR
			compliance with RULE 1104.
Be De Broch		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepe	
(Signature)		well, this form must be accompanied by a tabulation of the determined by a tabulation of tabul	
Production Rec	cords Supervisor	All sections of this form m	oust be filled out completely for al
(Title)		able on new and recompleted	ti tit and VI for changes of ow
December 29, 1983 (Date)		Fill out only Sections 1. In the section section of condit well neme or number, or transporter, or other such change of condit well neme or number. Or the most be filled for each pool in mult	

and a state of the state of the

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RECEIVED JAN 9 1984 HOBES OFFICE