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State of New Mexico Library, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.	10	TRAN	SPORT OIL	L AND NA	TURAL G		_			
Operator PHILLIPS Petroleum	Well API No. 30-025-29039									
Address	Combany	·				30-	023-230	.).5		
4001 Penbrook	<u>Odessa</u>	Tex	kas 79762							
Reason(s) for Filing (Check proper b New Well	•	ange in Te	asporter of:	Où	er (Please expl	ain)				
Recompletion	Oil	unge in ≀ra ⊡ Dr								
Change in Operator	Casinghead Ga	_								
change of operator give name										
ad address of previous operator		•			· · · · · · · · · · · · · · · · · · ·					
I. DESCRIPTION OF WE			ol Name, Includi	ing Formation	* 	Vind	of Lease		N	
Monument				- · · · · · · · · · · · · · · · · · · ·			of Lease No. Federal No. B-10164			
ocation			-	· · · · · · · · · · · · · · · · · · ·	<u> </u>	.000				
Unit LetterF	:1980	: 1980 Feet From The North Line and 550 \4				140cf	Feet From The Hest Line			
Section 12 Township 19-S		Ra	Range 36-E , NMPM,			Lea County				
I. DESIGNATION OF TR	ANSPORTER (F OIL	AND NATU	RAL GAS						
iame of Authorized Transporter of O	il or C	Condensate			e address to wi	hich approved	copy of this f	form is to be se	int)	
Theleps fet Co	track.									
Name of Authorized Transporter of C Phillips 66 Natl.			Dry Gas pration EFFE	Address (Given Facilities CTIVF	e address to wi	hich approved Milodhenh	copy of this f	form is to be se tossa T	nt) x 79762	
well produces oil or liquids,	Unit Sec.			Is gas actuail		When		10334 1	73702	
ve location of tanks.	<u> </u>	•	S 36E	Yes	•	i	7/18/9	90		
this production is commingled with	that from any other les	ase or pool	, give comming!	ing order num	ber:		-			
/. COMPLETION DATA	loi	l Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completi				l			1108 1202	Same Res		
ate Spudded	Date Compi. Re	Date Compi. Ready to Prod.			Total Depth			P.B.T.D.		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation			tion	Top Oil/Gas	Pay		Tubing Depth			
erforations							Depth Casing Shoe			
							<u>!</u>			
HOLE SIZE				CEMENTING RECORD			0.000.051.51			
HOLE SIZE	CASING	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
. TEST DATA AND REQU	IEST FOR ALL	OW A DI	E				<u> </u>			
-	er recovery of total w			he equal to or	exceed ton allo	owable for the	denth or he	for full 24 kour	·e)	
ate First New Oil Run To Tank	Date of Test	Allere Oy 10	ad ou una musi		thod (Flow, pu			or just 24 hour	3./	
ength of Test							Choke Size			
angur or reac	n of Test Tubing Pressure			Casing Pressure			Circus Size			
tual Prod. During Test Oil - Bbls.			Water - Bbis.			Gas- MCF				
AS WELL							.			
ctual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
ing Method (pitot, back pr.) Tubing Pressure (Shut-in)) Casing Pressure (Shut-in)			Choke Size				
uing method (puos, ouck pr.)	Medica (puot, ouck pr.)				Caring Pleasure (Silox-III)			Carone Size		
I. OPERATOR CERTIF	ICATE OF CO	MPLL	ANCE							
I hereby certify that the rules and re	gulations of the Oil C	conservatio	1		DIL CON	ISERV	MOLLA	DIVISIO	'N	
Division have been complied with a is true and complete to the best of r			ove						unit di	
The same confidence to the peak Of I	ing anowieuge and oel	rot.		Date	Approve	d				
JIN take	·~.			_				ng ngangang atawa	≱. I	
Signature			•	∥ By_					়খ	
Doyle Pruden Prod Printed Name	uction Accto	j. Sup Tiu	ervisor	Title						
11/27/90 (915) Date	368-1402	Telephon	e No.							
•				H						

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.