

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

I. Operator  
**Phillips Petroleum Company**  
Address  
**Room 711, Phillips Building, Odessa, Texas 79761**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☒ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ 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>Sims</b>	Well No. <b>6</b>	Pool Name, Including Formation <b>East Brunson McKee R-4540</b>	Kind of Lease <b>Leasehold Fee</b>	Lease No. <b>---</b>
Location Unit Letter <b>M</b> ; <b>370</b> Feet From The <b>south</b> Line and <b>330</b> Feet From The <b>west</b> Line of Section <b>24</b> Township <b>22-S</b> Range <b>37-E</b> , NMPM, <b>Lea</b> 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"/> <b>Texas-New Mexico Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1510, Midland, Texas 79701</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Skelly Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1351, Midland, Texas 79701</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>E</b>	Sec. <b>24</b>	Twp. <b>22-S</b>	Rge. <b>37-E</b>	Is gas actually connected? <b>Yes</b>	When <b>3-29-73</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **---**

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv. <input checked="" type="checkbox"/>
Date Spudded <b>1-13-68</b>	Date Compl. Ready to Prod. <b>3-29-73</b>	Total Depth <b>7625'</b>		P.B.T.D. <b>7554'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3321' Gr.</b>	Name of Producing Formation <b>McKee</b>	Top Oil/Gas Pay <b>7328'</b>		Tubing Depth <b>7539'</b>					
Perforations <b>7328-42'</b>				Depth Casing Shoe <b>7625'</b>					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE <b>11"</b>	CASING & TUBING SIZE <b>8-5/8"</b>		DEPTH SET <b>1137'</b>		SACKS CEMENT <b>(460 ex Class H w/10% DD &amp; 2% CaCl2. Circ 150 ex. Tr.LW &amp; 650 ex Class H. TOC at 2405'.</b>				
<b>7-7/8"</b>	<b>4-1/2"</b>		<b>7625'</b>						
	<b>2-3/8"</b>		<b>7539'</b>						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

Date First New Oil Run To Tanks <b>4-2-73</b>	Date of Test <b>4-8-73</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Insert pump 2" x 1-1/4" x 16'</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>---</b>	Casing Pressure <b>---</b>	Choke Size <b>---</b>
Actual Prod. During Test	Oil - Bbls. <b>13</b>	Water - Bbls. <b>0</b>	Gas - MCF <b>9.5</b>

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

**W. J. Mueller**

**Senior Reservoir Engineer**

**April 10, 1973**

OIL CONSERVATION COMMISSION

APPROVED **11/3**, 19 **---**  
BY **---**  
TITLE **SUPERVISOR**

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 pool in multiply

# INCLINATION REPORT

Field Name East Brunson McKee County Lea  
Operator Phillips Petroleum Company Address 711 Phillips Bldg. City Odessa, Texas,  
Lease Name Sims Well No. 6 79761  
Location Unit M, 370 feet from the south line and 330 feet from  
west line of Section 24, Township 22-6, Range 37-E

RECORD OF INCLINATION

I hereby certify that I have personal knowledge of the data and facts placed on this form and that such information given above is true and complete.

My Commission Expires 6-1-73.

Dorothy V. Anderson Dorothy V. Anderson  
Notary Public in and for Ector  
County, Texas