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| U.S.G.S. | | | |
| LAND OFFICE | | | |
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| | GAS | | |
| OPERATOR | | | |
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NEW MEXICO OIL CONSERVATION COMMISS REQUEST FOR ALLOWABLE

Form C+104

| | | | | | AND | | | Effe | ersedes Old C. ective 1-1-65 | 104 4/10 |
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| U.S.G.S. | | | UTHORIZ | ATION TO TE | RANSPORT O | ו חאם ו | NATHDAL | CAS | 1-1-02 | |
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| TRANSPORTER | GAS | + | | | | | | | | |
| OPERATOR | | +-1 | | | | | | | | |
| I. PRORATION OFF | ICE | | | | | | | | | |
| Operator | | | | | | | | | | |
| Phillips Pe | troleum | 1 Company | , | | | | | | | |
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| Room 711, P | Check prope | n pox) | K, Udess | a, Texas 7 | | n. /0' | | | | |
| New Well | | | ange in Trans | sporter of: | Orm | er (Please | explain) | | | |
| Recompletion | <u>×</u> | 011 | 1 | Dry G | Gas 🔲 | | | | | |
| Change in Ownership | | Ca | singhead Gas | Cond | ensate 🔲 | | | | | |
| If change of ownersh | ip give nar | me | | | | | | | | |
| and address of previ- | ous owner. | | | | | | | | | |
| I. DESCRIPTION OF | WETT A | ND I EACE | | | | | | | | |
| Lease Name | WELL A | We We | II No. Pool : | Name, Including I | Formation | | Kind of Leas | 20 | | |
| Sims | | i . | . | st Brunson | л . | 1540 | Bluter Foder | | L | _ease N |
| Location | | | | | | · | | | | |
| Unit Letter M | ; | 37 0 Fe | et From The | south Li | ne and 33 0 | | _FeetFrom | The West | | |
| Line of Section | 24 | Toumahia | 20 6 | | Arr 273 | | - | | | |
| | <u> </u> | Township | 22-S | Range | 37-E | , NMPM, | | Lea | | Count |
| DESIGNATION OF | TRANSP | ORTER OF | OIL AND | NATURAL G | AS | | | | | |
| i Rdine of Admortzed 11 | ansporter of | r Oil 🔼 | or Condenso | ite | Address (Give | address to | which appro | ved copy of this | form is to he | enti |
| Name of Authorized Tr | od co Pi | pe Line | | | BOX 1510 | , Midla | nd, Tex | as 79701 | | |
| Skelly Oil C | | Casinghead G | as Tor | Dry Gas | Address (Give | address to | which appro- | ved copy of this | form is to be s | ent) |
| | | Unit | Sec. T | wp. P.ge. | Box 1351 | Midla | nd, Tex | as 79701 | | |
| If well produces oil or give location of tanks. | 11quids, | E | | wp. P.ge. 22-S 37-E | Is gas actually | connected | ? Who | | | |
| If this production is o | ommin al ad | | | | | | · · · · · · · · · · · · · · · · · · · | 3-29-73 | · | |
| If this production is c COMPLETION DATE | ommingied [A | With that fro | m any other | lease or pool, | give commingli | ng order n | umber: | | 1 | |
| Designate Type | | ation /V | Oil Well | Gas Well | New Well W | orkover | Deepen | Plug Back S | Same Best. 1= | |
| | or Comple | · · · · · · · · · · · · · · · · · · · | X | 1 | 1 | X | | i ay pack | Same Res'v. D | iff. Res X |
| Date Spudded | | 1 | mpl. Ready to | Prod. | Total Depth | | | P.B.T.D. | <u>-</u> | |
| 1-13-68 Elevations (DF, RKB, F | RT CP | 3-29 | | | 76251 | - | | 75541 | | |
| 3321' Gr. | ιι, υκ, etc. | ., Name of McKe | Producing Fo | mation | Top Oil/Gas Po | ry | | Tubing Depth | | |
| Perforations | | | | | 73281 | | | 75391 | | |
| 7328-421 | | | | | | | | Depth Casing 7625 | Shoe | |
| | | | TUBING, | CASING, AND | CEMENTING | RECORD | | <u> </u> | | |
| HOLE S12 | ĽE | | SING & TUB | | DE | PTH SET | | SACI | KS CEMENT | |
| TT | | 8- | -5/8" | | 113 | 7' | (460 sx | Class H w | 10% DD 8 | £ |
| 7-7/ | ga | 1 | -1/2" | | N/ 2 | | 2% CaC] | 2. Circ 1 | 50 ax. | |
| | | | -1/2" -3/8" | | 762 | | 400 ax | Tr.LW & 650 ax Class | | |
| | FOURT | | | | 753 | | TOC at | | | |
| TEST DATA AND D | | | WADLE (| Test must be aft able for this den | er recovery of to | al volume | of load oil a | nd must be equa | l to or exceed | top allo |
| OIL WELL | | TOR ALLO | | , т типи фер | th or be for full 2 | 4 4000 | | | | |
| OIL WELL Date First New Oil Run | | Date of Te | est | | Producing Metho | d (Flow, pr | emp, gas lift. | , etc.) | | |
| OIL WELL Date First New Oil Run 4-2-73 | | Date of Te | 9-73 | | Producing Metho Insert p | d (Flow, pr | mp, gas life x 1-1/4 | , etc.) " x 161 | | |
| OII, WELL Date First New Oil Run 4-2-73 Length of Test | | Date of Te | 9-73 | | Producing Metho | d (Flow, pi | mp, gas lift x 1-1/4 | ctc.) " X 16 ^t Choke Size | | |
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STATE OF NEW MEXICO

INCLINATION REPORT

ONE COPY MUST BE FILED WITH EACH COMPLETION REPORT.

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