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## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND N	IATURAL GAS	
LAND OFFICE	<del>-</del>	Seporary		
TRANSPORTER GAS	To move crude oil p	roduction made	turing testing and	4 provide
OPERATOR	tank room for addit	ional testing.		-
PRORATION OFFICE			700 Bbls.	
Operator Phil 11 in a Batta	oleum Commant			
Phillips Petro	DISTRICT COMPART			
Room B-2. Phi	llips Building, Odessa, Ter	XX.0 79760		
Reason(s) for filing (Check proper	box)	Other (Please	explain)	
New Well	Change in Transporter of:		my permission to	commingle
Recompletion	Oil Dry Go	<u> </u>	<b>ipp</b>	
Change in Ownership	Casinghead Gas Conde	nsate		
If change of ownership give name	e Bone			
and address of previous owner _				· · · · · · · · · · · · · · · · · · ·
DESCRIPTION OF WELL AN				
Lease Name	Well No. Pool Name, Including F	i	Kind of Lease	Lease N
Location	6 Undesignated	- Kilenburger	<i>}}} 1  1  1  1  </i>	<u> </u>
	370 Feet From The south Lin	ne and 330		
Unit Letter;	Feet From The Bouws Lin	ne and	Feet From The Nest	
Line of Section 24	Township 22-5 Range	37-3 , NMPM,	Lea	Count
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL GA		a which approved carry of thi	s form is to be sent
Texas-New Hexico Pi		Address (Give address to which approved copy of this form is to be sent)  Box 1510, Midland, Texas		
'Name of Authorized Transporter of	<u> </u>	Address (Give address to which approved copy of this form is to be sent)		
-				•
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connecte	d? When	
give location of tanks.	1 1 1			
	with that from any other lease or pool,	give commingling order	number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug Back	Same Res'v. Diff. Res
Designate Type of Comple		11011 11011	I I I I	Jame Hes V. Dill. Hes
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	n
Perforations				G)
Periorations			Depth Casing	j Snoe
	TUBING, CASING, AND	D CEMENTING RECOR	D	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		CKS CEMENT
		<del>-</del>		<del>, , , , , , , , , , , , , , , , , , , </del>
TEST DATA AND DECLIEST	EOD ALLOWARIE (T.			
TEST DATA AND REQUEST OIL WELL	ALLOWABLE (Test must be a able for this de	jter recovery of total volum pth or be for full 24 hours;	ne of load oil and must be eq. )	ual to or exceed top all
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,	, pump, gas lift, etc.)	
:				·····
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF	·
i			24B - MO1	
I		1		
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Co	ondensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	Choke Size	
CERTIFICATE OF COMPLIA	INCE	OILC	ONSERVATION COM	MISSION
I handhy mantifu that the miles	ad regulations of the Oil Co	APPROVED		19
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		0.1	W. Rune	10
above is true and complete to	the best of my knowledge and belief.	BY your	w. rung	yun_
		TITLE	······	
		1	be filed in compliance wi	ith Bul # 1104
E.lu, Lace	(E.M. Ball)	If this is a requ	est for allowable for a ne-	wly drilled or deepen
(Si	ignature)	well, this form must	be accompanied by a tabuvell in accordance with R	ulation of the deviat:
Recional Office Cler	rical Supervisor	11	vell in accordance with R this form must be filled or	
	(Title)	able on new and rec	ompleted wells.	
March 11, 1968		Fill out only S	ections I, II, III, and VI	for changes of owner

(Date)

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 completed wells.