

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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

Note: Well no. 7 shares proration unit with well no. 3.

Operator Phillips Petroleum Company	
Address Room 806, Phillips Bldg, Odessa, Texas 79761	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Multiple completion-new zone added
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	
Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sims	Well No. 7	Pool Name, Including Formation Tubb-Gas	Kind of Lease State, Federal or Fee	Lease No. —
Location Unit Letter C : 380 Feet From The north Line and 2310 Feet From The west				
Line of Section 24 Township 22-R Range 37-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	Box 1384, Jal, New Mexico 88252	
If well produces oil or liquids, give location of tanks	Unit —	Sec. —
	Twp. —	Rge. —
	Is gas actually connected? When no	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
		X						X
Date Spudded 3-13-73	Date Compl. Ready to Prod. 4-11-77 (zone perf 4-5-77)		Total Depth 7479		P.B.T.D. 7437			
Elevations - D.F., RKB, R.L., CR, etc. 3326' Gr, 3337' RKB	Name of Producing Formation Tubb		Top Oil/Gas Pay 5880'		Tubing Depth 6398			
Perforations 5959-71; 6071-6108; 6131-49; 6159-67'					Depth Casing Shoe 7478			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		1161 (200 sx TRLW w/10% salt, followed by 200 sx Class H, w/2% CaCl ₂ . Circ. 50 sx.)					
7-7/8"	5-1/2"		7478 (1000 sx Class H Temp survey TOC at 2330'					
	2 3/8" tubing set @		3698 w/sliding sleeve @ 6333; produced thru csg.					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
—	—	—	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
—	—	—	—
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
—	—	—	—

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
CAOF = 681	4 hrs.	—	—
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
BP	pkc.	853	Various

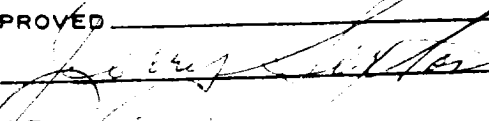
VI. CERTIFICATE OF COMPLIANCE

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
(Signature)
Engineering Advisor
(Title)

4-20-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
TITLE _____

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 completed wells.