

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. **Operator**
Phillips Petroleum Company

Address
4001 Penbrook Odessa, Texas 79762

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	<input checked="" type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name and address of previous owner _____

II. **DESCRIPTION OF WELL AND LEASE**

Lease Name C. D. Woolworth	Well No. 8	Pool Name, including Formation Jalmat-Yates	Kind of Lease Fee	Lease No.
--------------------------------------	----------------------	---	-----------------------------	------------------

Location

Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East

Line of Section 22 Township 24-S Range 36-E , NMPM, Lea 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"/> Phillips Petroleum Company (Trucks)	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1384, Jal, New Mexico

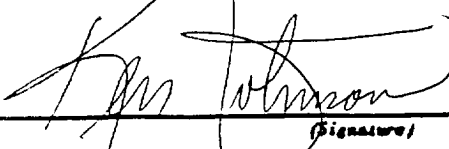
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 26	Twp. 24-S	Rge. 36-E	Is gas actually connected? Yes	When
---	------------------	-------------------	---------------------	---------------------	--	-------------

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. **CERTIFICATE OF COMPLIANCE**

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


Ken Johnson
(Signature)
Production Records Supervisor
(Title)
May 15, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 20 1987 , IS _____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.