IO. OF COPIES RECEIVED				
DISTRIBUTION				
SANTA FE				
FILE				
U.\$.G.\$.				
LAND OFFICE				
IRANSPORTER	OIL			
	GAS			
OPERATOR				

•	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	REQUEST F	ONSERVATION COMMISSN FOR ALLOWABLE AND NSPORT OIL AND NATURAL (Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
1.	Operator	ompanii		
	Phillips Petroleum C			
	Room 711, Phillips B Reason(s) for filing (Check proper box)	ldg., Odessa, Texas 79'	Other (Please explain)	
	New We!l	Change in Transporter of:		
	Recompletion A Change in Ownership	Oil Dry Gas Casinghead Gas Condens	─	
	If change of ownership give name and address of previous owner			
n.	DESCRIPTION OF WELL AND L	EASF. Well No. Pool Name, Including Fo	rmation Kind of Leas	e Lease No.
	C. D. Woolworth	7 Jalmat-Yates-	•	
	Location N 660	south	e and 1990 Feet From	west
	Unit Letter;	Feet From TheLine	36-E . NMPM.	Lea
	Line of Section 23 Town	ship 24-S Range	<u> ЭО-Б</u> , <u>ММРМ.</u>	Lea County
m.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which appro	and corn of this form is to be sent!
	Name of Authorized Transporter of Oil X Texas New Mexico P.L. C		Box 1510, Midland, Tex	1
	Name or Authorized Transporter of Casi	nghead Gas or Dry Gas	Address (Give address to which appro	
	El Paso Natural Gas Com	Unit Sec. Twp. Rge.	Box 1492, El Paso, Tex	nen
	If well produces oil or liquids, give location of tanks.	0 22 24 36E	Yes	9–19–75
IV	If this production is commingled with COMPLETION DATA		give commingling order number:	
•••	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v. X
	Date SpinierPB	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	9-3-75 Elevations (DF, RKB, RT, GR, etc.,	9-19-75 Name of Producing Formation	3500 Top Oil/Gas Pay	3203 Tubing Depth
	3333 DF	Yates-7 Rivers	2915'	3038
	Perforations			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE 12-1/2"	212.6'	150 sx reg.
	NR	7-5/8"	2900.4	1st-500 sx reg.
			0150 7	2nd-400 sx reg.
	NR	5-1/2"	3472.1'	100 sx l and must be equal to or exceed top allow-
Ψ.	OIL WEIL. able for this depth or be for full 24 hours)			
	Date First New Cil Run To Tanks 9-20-75	Date of Test 9–23–75	Swab.	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	24 hrs. Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gae - MCF
		116	48	58
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI	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.		OIL CONSERV	ATIONTS MMISSION
			77	Rainone
			BY Jam W. Juny	
			TITLE	
	A. J.M. 110.	W. J. Mueller	Te at to an exercise top alle	compliance with RULE 1104.
-	Signal (Signal		well, this form must be accome	penied by a tabulation of the deviation

9-24-75

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
Engineering Advisor
(Title)

(Dete)

All sections of this form must be filled out completely for allowable on new and recomplated 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