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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

JUN 27 2 47 PM '69

I. Operator Phillips Petroleum Company
Address Phillips, Oklahoma
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) Production date 7/1/69

If change of ownership give name and address of previous owner Phillips Petroleum Company, Oklahoma

II. DESCRIPTION OF WELL AND LEASE
Lease Name Phillips Petroleum Well No. 1 Pool Name, Including Formation Phillips (OK 1117) Kind of Lease State, Federal or Fee Lease No.
Location
Unit Letter 1; 908 Feet From The 1 Line and 2982 Feet From The 7
Line of Section 11 Township 30N Range 12E, NMPM, 10E County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Phillips (OK 1117) Address (Give address to which approved copy of this form is to be sent)
Box 3125, Oklahoma
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Phillips (OK 1117) Address (Give address to which approved copy of this form is to be sent)
Phillips (OK 1117)
If well produces oil or liquids, give location of tanks. Unit 1 Sec. 7 Twp. 30N Rge. 12E Is gas actually connected? ☐ When

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)
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
Perforations Depth Casing Shoe
HOLE SIZE CASIN ILLEGIBLE WITH SET SACKS CEMENT

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
Testing Method (pitot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

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.
William Jones (Signature)
 (Title)
 (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.