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TRANSPORTER	OIL	
	GAS	
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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

Operator PHILLIPS PETROLEUM COMPANY	
Address Room 711, Phillips Bldg., Odessa, Texas 79761	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 7/9/75 UNLESS AN EXCEPTION TO B-407D IS OBTAINED
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input 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 C. D. Woolworth	Well No. 17	Pool Name, including Formation Jalmat-Yates-7 Rivers	Kind of Lease Rental Production Fee	Lease No. _____
Location Unit Letter <u>K</u> ; 1980 Feet From The <u>south</u> Line and 1980 Feet From The <u>west</u> Line of Section <u>23</u> Township <u>24S</u> Range <u>36E</u> , 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"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701					
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) _____					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 22	Twp. 24	Rge. 36	Is gas actually connected? no	When _____

If this production is commingled with that from any other lease or pool, give commingling order number: PC 369

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5-9-75	Date Compl. Ready to Prod. 5-26-75		Total Depth 3192		P.B.T.D. 3158			
Elevations (DF, RKB, RT, GR, etc.) 3342' Gr.	Name of Producing Formation Yates-7 Rivers		Top Oil/Gas Pay 2923		Tubing Depth 3120			
Perforations 3152-57					Depth Casing Shoe 3192			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		419' (300 sx Class H w/2% CaCl ₂ & 1/L# Floccle/sx. Circ 20 sx)					
7-7/8"	5-1/2"		3192' (300 sx Class H w/2% CaCl ₂ & 1/L# Floccle/sx. Temp survey 100 @ 2200')					
	2-3/8"		3120'					

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 5-27-75	Date of Test 5-28-75	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 50	Casing Pressure pkr	Choke Size 3/4"
Actual Prod. During Test	Oil - Bbls. 100	Water - Bbls. 20	Gas - MCF 75

GAS WELL

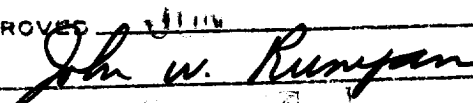
Actual Prod. Test - MCF/D _____	Length of Test _____	Bbls. Condensate/MCF _____	Gravity of Condensate _____
Testing Method (pilot, back pr.) _____	Tubing Pressure (Shut-in) _____	Casing Pressure (Shut-in) _____	Choke Size _____

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.


W. J. Mueller
(Signature)
Senior Reservoir Engineer
(Title)
May 29, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED , 19____
BY John W. Rumpfen
TITLE Director

This form is to be filed in compliance with RULE 1106.
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.