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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

Operator Phillips Petroleum Company			
Address Room 711, Phillips Bldg., Odessa, Texas 79761			
Reason(s) for filing (Check proper box)		Casinghead Gas MUST NOT BE FLARED AFTER 10/22/75 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <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. 18	Pool Name, Including Formation Jalmat-Yates	Kind of Lease State, Federal or Fee Fee	Lease No. ---
Location Unit Letter C ; 330 Feet From The north Line and 2310 Feet From The west				
Line of Section 26 Township 24-S Range 36-E , NMFM, 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 C	Sec. 26	Twp. 24S	Rge. 36E
				Is gas actually connected? No
				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)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spaced 8-11-75	Date Compl. Ready to Prod. 8-20-75 (perf)		Total Depth 3310		P.B.T.D. 3180			
Elevations (DF, RAB, RT, GR, etc.) 3335- RKB	Name of Producing Formation Yates-7 Rivers		Top Oil/Gas Pay 2895		Tubing Depth 3030			
Perforations 3137-52'					Depth Casing Shoe 3310			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		403' (350 sx Class H w/2% CaCl ₂ & 1/4# Flocele/sx (Circ. 100 sx.)					
7-7/8"	5-1/2"		3310' (400 sx Class H w/2% CaCl ₂ & 1/4# Flocele (/sx. TOC @ 2000'.)					

V. TEST DATA AND REQUEST FOR ALLOWABLE 2-3/8" Tbg. 3030'


OIL WELL			
Date First New Oil Run To Tanks 8-22-75	Date of Test 8-23-75	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 140	Casing Pressure Pkr	Choke Size 1"
Actual Prod. During Test	Oil-Bbls. 150	Water-Bbls. 50	Gas-MCF 135

GAS WELL

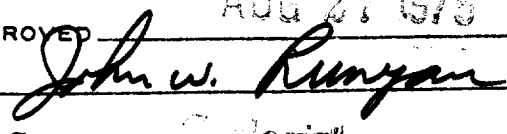
Actual Prod. Test-MCF/D ---	Length of Test ---	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) ---	Tubing Pressure (Shut-in) ---	Casing Pressure (Shut-in) ---	Choke Size ---

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)
Engineering Advisor
(Title)
August 25, 1975
(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.