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DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

SEP 20 '90

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

C. C. D.

Operator PHILLIPS PETROLEUM COMPANY ✓		Well APIN No. 30-015-03083
Address 4001 Penbrook St., Odessa, Texas 79762		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Grayburg Deep Unit	Well No. 5	Pool Name, including Formation <del>Undesignated</del> Abo	Kind of Lease State, Federal or Fee	Lease No. LC-028784-C
Location Unit Letter <u>A</u> : <u>330</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>25</u> Township <u>17-S</u> Range <u>29-E</u> , <u>NMPM</u> , <u>Eddy</u> 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"/> Navajo Refining Co. Pipeline Div.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 98210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 A	Sec. 25
	Twp. 17-S	Rge. 29-E
	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	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5/31/60	Date Compl. Ready to Prod. 4/29/85	Total Depth 7225'	P.B.T.D. 6828'					
Elevations (DF, RKB, RT, GR, etc.) 3619' RKB	Name of Producing Formation Abo	Top Oil/Gas Pay 6655'	Tubing Depth 6699'					
Perforations 6655'-6679'	Depth Casing Shoe 6838'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4" & 11"	8-5/8"	1404'	525 sk Post FD-2					
NR	5-1/2"	6838'	650 sk 10-6-90 comp & RY					

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 Tank 4/29/85	Date of Test 8/15/90	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 21	Water - Bbls. 62	Gas - MCF TSTM

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. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature L. M. Sanders  
L. M. Sanders, Supervisor, Regulation & Promotion  
Printed Name  
Date 9/18/90  
Telephone No. (915) 368-1411

OIL CONSERVATION DIVISION

OCT 12 1990

Date Approved

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.