

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

JUL 23 '90

C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator PHILLIPS PETROLEUM COMPANY	Well API No. 30-015-26254
Address 4001 Penbrook St., Odessa, Texas 79762	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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 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 James E	Well No. 3	Pool Name, Including Formation Cabin Lake (Delaware)	Kind of Lease State, Federal or Fee	Lease No. NM 0479142
Location				
Unit Letter B	500	Feet From The North	Line and 1800	Feet From The E
Section 11	Township 22-S	Range 30-E	NMPM, Eddy	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"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, TX 79762					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79999					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 11	Twp. 22S	Rge. 30E	Is gas actually connected? Yes	When? 6/27/90

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 XXX	Gas Well	New Well XXX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1/8/90	Date Compl. Ready to Prod. 3/22/90	Total Depth 7500'	P.B.T.D. 7450'					
Elevations (DF, RKB, RT, GR, etc.) GL 3181.5'	Name of Producing Formation Delaware	Top Oil/Gas Pay 7079'	Tubing Depth 7010'					
Perforations 7079'-7328'			Depth Casing Shoe 7498'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	400'	800 sk C					
12-1/4"	8-5/8"	3500'	1200 sk C					
7-7/8"	5-1/2"	7498'	1000 sk C					

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 3/23/90	Date of Test 4/18/90	Producing Method (Flow, pump, gas lift, etc.) pumping	Part ID-3 7-27-90 Add GT: EPN
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls. 112	Water - Bbls. 32	Gas - MCF 84

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  
J. L. Maples, Asst., Regulation & Proration  
Printed Name  
7/20/90 (915) 367-1411 Title  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 25 1990

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.