

OIL CONSERVATION DIVISION

RECEIVED

at Bottom of Page

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DEC 19 '90

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator PHILLIPS PETROLEUM COMPANY ✓		Well APN No. ARIZONA OFFICE 30-015-26304
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 A	Well No. 8	Pool Name, including Formation Cabin Lake (Delaware)	Kind of Lease State, Federal or Fee	Lease No. K-3271
Location Unit Letter H : 1650 Feet From The North Line and 660 Feet From The East Line Section 2 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 Pet. Co. Trucks	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 J	Sec. 2	Twp. 22-S	Rge. 30-E	Is gas actually connected? Yes	When? 8/90

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4/16/90	Date Compl. Ready to Prod. 6/21/90		Total Depth 7500'		P.B.T.D. 7460'			
Elevations (DF, RKB, RT, GR, etc.) 3220' GL	Name of Producing Formation Delaware		Top Oil/Gas Pay 7110'		Tubing Depth 7212			
Perforations 7435'-7445' ; 7282'-7346' 7110'-7140'					Depth Casing Shoe 7500'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	398'	700 sk Post ID-2
12-1/4"	8-5/8"	3500'	1350 sk 1-4-91
7-7/8"	5-1/2"	7500'	1000 sk comp & BK

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 6/21/90	Date of Test 10/20/90	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. 12	Water - Bbls. 29	Gas - MCF 14

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.

L M Sanders
Signature
L. M. Sanders, Supervisor, Regulation & Proration
Printed Name
12/17/90 (915) 368-1411
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 28 1991

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.