

DISTRICT III

1200 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator PHILLIPS PETROLEUM COMPANY		Well APN No. 30-015-26831
Address 4001 Penbrook St., Odessa, Texas 79762		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input type="checkbox"/> Other (Please explain) Request testing allowable of 1890 BO
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 operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Molly State	Well No. 3	Pool Name, including Formation Livingston Ridge (Delaware)	Kind of Lease State, Federal or Fee	Lease No. NM-V-3605
Location Unit Letter D : 660 North : 660 West : Section 1 Township 22-S Range 31-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 C Sec. 1 Twp. 22-S Rge. 31-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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/20/91	Date Compl. Ready to Prod. 12/10/91	Total Depth 8393		P.B.T.D. 8340				
Elevations (DF, RKB, RT, GR, etc.) 3572.1' KB; 3557.1' GL	Name of Producing Formation Delaware		Top Oil/Gas Pay 7030'		Tubing Depth 7041'			
Perforations 7030'-7066'					Depth Casing Shoe 8393'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"	842'		500 sk C & 200 C Neat				
12-1/4"	8-5/8"	4230'		1600 sk POZ & 200 C				
7-7/8"	5-1/2"	8393'		780 sk C 1st stage &				
	2-7/8"	7041'		755 C 2nd stage				

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 12/10/91	Date of Test 12/16/91	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. 90	Water - Bbls. 100	Gas - MCF 81

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 12/30/91 (915) 368-1488 Title
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 3 1992

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.