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

Energy, Minerals and Natural Resources Department

RECEIVED

See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

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

UIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

MAR 1 1 1992

REQUEST FOR ALLOWABLE AND AUTHORIZATION & TESTS OFFICE

L		IUIDA	4112	PURI UIL	AND NA	UNAL GA					
Operator							Well A	Pi No.			
Phillips Petroleu	etroleum Company /							30-015-26855			
Address											
4001 Penbrook Str	eet, O	dessa,	Te	xas 7976	62						
Reason(s) for Filing (Check proper box)					Othe	A (Please expla	ijt)				
New Well		Change is	Tran	snorter of:		•	·				
Recompletion	Oil		1	Gas 🗆							
Change is Operator		.4 6	٠ ·								
•	Casinghe	IN CHE	Con	densate							
If change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL	AND LE	ASE									
Leass Name		Well No.	Pool	l Name, Includir	ng Formation			(Lease		ase No.	
Molly State		4	į	Lost Tar	nk (Dela	aware)	State,	RODERN XXIX	X NM	-V-3605	
Location		*									
•• •• • E	1 98	80	_	From The No	orth	53	5 _		West	•.	
Unit Letter	- :		_ Fed	Prom The	Line	e and	Fe	et From The.		Line	
Section 1 Township	2 2-	_S	n	9e 31-E		con 4	Eddy			Country	
Section 1 Township	9 22		Ran	ge JI-L		MPM,	Lady			County	
DE DECICNATION OF TRAN	CDADAT	TD 0E 0									
III. DESIGNATION OF TRAN				IND NATU				4.1.			
Name of Authorized Transporter of Oil	(X)	or Conde	DENCE		1		• • •		orm is to be se	i	
Phillips Petroleum					4001 Penbrook Street, Odessa, Texas 79762						
Name of Authorized Transporter of Casing	ghead Gas	$\square X$	or D	Dry Gas 🔃	Address (Give	e address to wi	hich approved	copy of this f	orm is to be se	nt)	
GPM Gas Corporation					4044	Penbroo	ok Stre	et. Ode	ssa. Tex	as 79762	
If well produces oil or liquids,	Unit	Sec.	Twy	Rge. -S 31-E	is gas actuali		When		-		
give location of tanks.	C	1	i ^{22:}	-S 31-E	Yes		i 3-	7-92		İ	
If this production is commingled with that	from any of	her lease or	- mool	give comminati	ing order sumi						
IV. COMPLETION DATA			,	Bre continue	ing older mails						
IV. COMBETION DATA		0:: 77.		G 77/ 15	1 11 77 11	1	1 5	D . D	la n	b or n	
Designate Type of Completion	. 00	Oil Wel	, !	Gas Well	New Well	Workover	Deepen	I Mind Rack	Same Res'v	Diff Res'v	
		<u> </u>				l	<u> </u>	Ļ	L	1	
Date Spudded	Date Com	ipi. Ready t	o Proc	1.	Total Depth			P.B.T.D.			
					Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Producing F	ormat	ion							
						<u> </u>					
Perforations								Depth Casis	ng Shoe		
		TIRING	CA	SING AND	CEMENTI	NG RECOR	D	· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			T	SACKS CEMENT		
TIOCE GIZE	ļ	101110 0 1	OGIN	O SIZE	DEFIN SET			SAONO CEMENT			
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				· <u>··</u>				<u> </u>			
V. TEST DATA AND REQUES	ST FOR	ALLOW	ABL	Æ							
OIL WELL (Test must be after r	ecovery of s	otal volume	of loa	ad oil and must	be equal to or	exceed top all	owable for the	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of To	e s l			Producing M	ethod (Flow, p	ump, gas lift,	tc.)			
					1						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size		- ,	
	Tuoing riesante							1			
Actual Prod. During Test	Oil Phia	Oil - Bbls.				Water - Bbis.			Gas- MCF		
Actum Flots During Feet	Oil - Boix										
	<u></u>				L			1			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
ting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
include (proof, both prof			,								
<u> </u>	ــــــــــــــــــــــــــــــــــــــ				ļ						
VL OPERATOR CERTIFIC	ATE O	F COM	PLL	ANCE	ll .	OII OO	JOEDI	ATION	DIV/ICIA	N .	
I hereby certify that the rules and regul	ations of the	e Oil Conse	zvatio	MIL.	'	JIL COI	12FHA	AHON	DIVISIO	אוכ	
Division have been complied with and that the information given above					11				0 4000		
is true and complete to the best of my knowledge and belief.					Dote	Annenia	.d	MAR 1	3 1992		
()/)v	7	1			Dale	Approve	,u				
(DIA KI)	ple	2									
Signature					By_		HNAL SIC				
L.M./Sanders - Supervisor Reg/Provation					MIKE WILLIAMS						
Printer Name Supervisor Regresoration					Title SUPERVISOR, DISTRICT IT						
3-9-92 (915)	368-	-148	88	me						
Date		Tel	lephor	se No.	11	Notice of Security (1)	eri i sari i 🐒 i 🖦 i siri	The granders eggs	● - vine vides ike		
			-		JL						

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.