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

State of New Mexico  
 Energy, Minerals and Natural Resources Department

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

**OIL CONSERVATION DIVISION**

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

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

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

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

I.

Operator Phillips Petroleum Company		Well API No. 30-025-26759
Address 4001 Penbrook St., Odessa, Texas 79762		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Converted from CO2 injection to a oil producer.
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 Leamex	Well No. 26	Pool Name, including Formation Leamex (Paddock)	Kind of Lease State, FEDERAL	Lease No. B-2148
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>22</u> Township <u>17-S</u> Range <u>33-E</u> , <u>NMPM</u> , <u>Lea</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"/>	Address (Give address to which approved copy of this form is to be sent)			
Texas - New Mexico Pipe Line Company	P. O. Box 2528, Hobbs, NM 88241			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
GPM Gas Corporation	4044 Penbrook St., Odessa, Tx 79762			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 22	Twp. 17-S	Rge. 33-E
Is gas actually connected?	When?			
Yes	5/29/93			
If this production is commingled with that from any other lease or pool, give commingling order number: <u>CTB-349</u>				

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Date Spudded 5/13/80	Date Compl. Ready to Prod. 5/28/93		Total Depth 6300'		P.B.T.D. 6176'			
Elevations (DF, RKB, RT, GR, etc.) 4154' GL	Name of Producing Formation Paddock		Top Oil/Gas Pay 6030'		Tubing Depth 6000'			
Perforations 6058-6063					Depth Casing Shoe 6290'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		1500'		600 sx Cl H			
7-7/8"	4-1/2"		6290'		1500 sx TLV Tail w/500 Cl H			

**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 5/29/93	Date of Test 5/30/93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 12	Water - Bbls. 75	Gas- MCF 40

**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 Supv., Reg. Affairs  
 Printed Name Title  
 6/3/93 915/368-1488  
 Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved JUN - 9 1993  
 ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT I SUPERVISOR  
 By \_\_\_\_\_  
 Title \_\_\_\_\_

**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.