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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104  
Superseding O-100 and O-1  
Effective 1-1-65

API No. 30-025-26421

Operator  
**Phillips Petroleum Company**

Address  
**4001 Penbrook, Odessa, Texas 79762**

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	This form filed to show connection date.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
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 ownership give name and address of previous owner \_\_\_\_\_

2. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Leamex</b>	Well No. <b>20</b>	Pool Name, including Formation <b>Maljamar Gb/San Andres</b>	Kind of Lease State, Federal or Fee	Lease No. <b>B-2148</b>
Location Unit Letter <b>B</b> ; <b>550</b> Feet From The <b>North</b> Line and <b>1703</b> Feet From The <b>East</b> Line of Section <b>23</b> Township <b>T-17S</b> Range <b>33E</b> , N.M.P.M., <b>Lea</b> County				

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Phillips Petroleum Trucks</b>	Address (Give address to which approved copy of this form is to be sent) <b>Room 222, 4001 Penbrook, Odessa, Texas 79762</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>4001 Penbrook, Odessa, Texas 79762</b>
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When
	<b>D   24   17-S   33-E   Yes   2-14-80</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

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 Restv. Int. Rev.
Date Spudded <b>11-03-79</b>	Date Compl. Ready to Prod. <b>11-26-79</b>	Total Depth <b>4704'</b>	P.B.T.D. <b>4661'</b>				
Elevations (DF, RKB, RT, CR, etc.) <b>4116.3 GR</b>	Name of Producing Formation <b>Grayburg/San Andres</b>	Top Oil/Gas Pay <b>4290</b>	Tubing Depth <b>4520'</b>				
Perforations <b>4388' - 4498'</b>						Depth Casing Shoe <b>4704'</b>	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12-1/4"</b>	<b>8-5/8"</b>	<b>410' (w/600 sx Cl "H", 2% CaCl and 1/4 Cello-Sea (Circ 50 sx)</b>	
<b>7-7/8"</b>	<b>4-1/2"</b>	<b>4704' (w/1200 sx TLW, 10% DD, 12# salt, 1/4# sx (Cello-Seal, 3# sx Gilsonite, and tail w/250 sx salt Circ to surface 2-3/8" 4500'</b>	

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 Tanks <b>12-26-79</b>	Date of Test <b>01-02-80</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure _____	Casing Pressure _____	Choke Size _____
Actual Prod. During Test	Oil - bbls. <b>17</b>	Water - bbls. <b>0</b>	Gas - MCF <b>14</b>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	bbls. Condensate, MCF	Gravity of Condensate
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