

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

Form C-104
 Supervising Oil Control and Control
 Effective 1-1-65

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

Operator
Phillips Petroleum Company

Address
Room 401, 4001 Penbrook, Odessa, Texas 79762

Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of: **Add crude oil gatherer.**
 Recombination Oil Dry Gas
 Change in Ownership Coalbed Gas Condensate

If change of ownership give name and address of previous owner: -----

DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------------------------|----------------------|---|--|----------------------------|
| Lease Name Monument | Well No. 1 | Pool Name, including Formation Eumont | Kind of Lease State XXXXXXXXXX | Lease No. B10164 |
|-------------------------------|----------------------|---|--|----------------------------|

Location
 Unit Letter **H** ; **1977** Feet From The **North** Line and **660** Feet From The **East**
 Line of Section **12** Township **19S** Range **36-E** , NMDM, **Lea** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum Company, Trucks | Address (Give address to which approved copy of this form is to be sent) Room 224, 4001 Penbrook St., Odessa, TX 79762 |
| Name of Authorized Transporter of Coalbed Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso National Gas Company | Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, TX 79978 |

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
H 12 19S 36E Yes 4-21-53

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Shore Rest. | Enfr. Rev. |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | Depth Casing Shoe | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| | | | |

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost 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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Only | Water-Only | Gas-MCF |

GAS WELL

| | | | |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
| Testing Method (flow, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R. J. Roper
 Senior Engineering Specialist
 November 21, 1979

OIL CONSERVATION COMMISSION
DEC 7 1979

APPROVED _____, 19____
 BY **Jerry Sexton**
 TITLE **Dist 1, Supv.**

Orig. Signed by
Jerry Sexton
Dist 1, Supv.

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the monthly tests taken on the well in accordance with RULE 111.
 All portions of this form must be filled out completely for allowable to be considered complete. Failure to do so will result in denial of the request.
 Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter of other such change of conditions.