

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	NAT.	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API No. 30-025-04153

I. Operator
Phillips Petroleum Company

Address
4001 Penbrook Street, Odessa, Texas 79762

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name New	Well No. 2	Pool Name, including Formation Eunice Monument Gb/SA	Kind of Lease State, Federal or Fee State	Lease No. B-2204
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>north</u> Line and <u>330</u> Feet From The <u>east</u>				
Line of Section <u>26</u> Township <u>20-S</u> Range <u>36-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

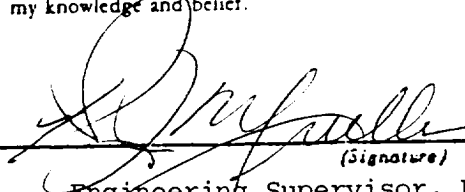
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Street, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks. Unit: <u>H</u> Sec: <u>26</u> Twp: <u>20-S</u> Rge: <u>36-E</u>	Is gas actually connected? <u>yes</u> When <u>5-05-87</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


W. J. Mueller
(Signature)
Engineering Supervisor, Reservoir
(Title)
June 5, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 11 1987, 19 _____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

TITLE _____

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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res't
		X				X			X
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
3-04-38	5-05-87		3881'			3881			
Elevation (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3552.2' GR	Grayburg/San Andres		3701'			3810' SN			
Particulations						Depth Casing Shoe			
Perf'd open hole interval 1JSPF from 3735'-3790' & 3815'-3860'						3701'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4"		13" 35#		197'		200 SX			
9-5/8"		9-5/8" 36#		1236'		250 SX			
8-3/4" to 3710'		7" 24#		3701'		400 SX			
6-1/4" to 3810'									

V. TEST DATA AND REQUEST FOR ALLOWABLE (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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
5-20-87	5-28-87	2" x 1 1/2" x 16' insert pump		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hrs	-	-	-	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	
	51	8	124	

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

RECEIVED
 JUN 9 1987
 OCD
 HOBBS OFFICE