

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY

MAR 11 1985

O. C. D.
ARTESIA, OFFICE

Form C-104
Revised 10-01-78
Format CG-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. API No. 30-015-24961

Operator
Phillips Petroleum Company ✓

Address
4001 Penbrook Street, Odessa, Texas 79762

Reason(s) for filing (Check proper box)

☒ New Well	Change in Transporter of:	
☐ Reconpletion	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ Casinghead Gas	☐ Condensate

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Drag C	Well No. 3	Pool Name, Including Formation S. Carlsbad, Bone Spring	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <u>N</u> ; <u>660</u> Feet From The <u>south</u> Line and <u>1980</u> Feet From The <u>west</u>					
Line of Section <u>19</u> Township <u>23-S</u> Range <u>27-E</u> , NMPM, <u>Edgy</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company - Trucks	4001 Penbrook St., Odessa, Tx 79762
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	K 19 23-S 27-E No

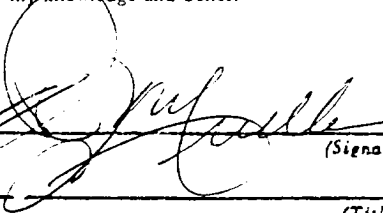
Post ID-2
4-5-85
Camp + BK

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)
(Title)
March 8, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 29 1985, 19 _____
BY ORIGINAL SIGNED
BY LARRY BROOKS
TITLE GEOLOGIST - NMOCD

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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hestv.	Diff. Hestv.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
8-30-84	10-16-84		5600'		5556'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3203' GL, 3219' RKB	Bone Spring		5338' 5374'		5403'				
Perforations:						Depth Casing Shoe			
Perf'd 5 1/4" csg w/4" OD gun 2JSPE @ 5376'-5386' 10'-20 shots						5598'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8" 24#		507'		400 sx C w/2% CaCl. Circ			
7 7/8"		5 1/2" 17#		5598'		1400 sx TLW w/40% DD.			
				10% DD, 10% salt, 1#/sx cellophane, 3#/sx gilsonite					
		2 3/8 5403		+ 450 sx C Neat. Circ 250 sx					

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-05-85	3-07-85	2" x 1 1/2" x 20' barrel pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	-	-	-
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	2.5	12.5	3.498

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Chart-Log)	Casing Pressure (Chart-Log)	Choke Size