

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION

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

RECEIVED

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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

I.

Operator PHILLIPS PETROLEUM COMPANY		Well API No. 30-015-36298
Address 4001 Penbrook St., Odessa, Texas 79762		
Reason(s) for Filing (Check proper box)		<input checked="" type="checkbox"/> Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Report date casinghead gas connected to sales line.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
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 Livingston Ridge Fed	Well No. 1	Pool Name, Including Formation Cabin Lake (Delaware)	Kind of Lease State, Federal or Fee	Lease No. NM 70335
Location				
Unit Letter M	: 700	Feet From The W	Line and 660	Feet From The S
Section 1	Township 22-S	Range 30-E	NMPM, Eddy	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"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, TX 79762					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 1	Twp. 22-S	Rge. 30-E	Is gas actually connected? Yes	When? 4/12/91

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/16/90	Date Compl. Ready to Prod. 12/31/90	Total Depth 7655'	P.B.T.D. 7655'					
Elevations (DF, RKB, RT, GR, etc.) 3300' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 7338'	Tubing Depth 7516'					
Perforations 7338'-7460'	Depth Casing Shoe 7655'							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	475'	800 sk Class C
12-1/4"	8-5/8"	3700'	1800 sk Class C
7-7/8"	5-1/2"	7655'	900 sk Class

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 12/31/90	Date of Test 1/17/91	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 33	Water - Bbls. 133	Gas - MCF 36

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, Supervisor, Regulation & Proration
Printed Name
5/21/91 (915) 368-1411
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 22 1991

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.