

CISF
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up

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

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

RECEIVED

JAN - 3 1991

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA OFFICE

I.

Operator Phillips Petroleum Company	Well API No. 30-015-26855
Address 4001 Penbrook St., Odessa, Texas 79762	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Request testing allowable of 480 B0 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 Molly State	Well No. 4	Pool Name/Including Formation Livingston Ridge (Delaware)	Kind of Lease State, Federal or Fee	Lease No. NM-V-3605
Location Unit Letter E : 1980 Feet From The North Line and 535 Feet From The West Line Section 1 Township 22-S Range 31-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, Texas 79762					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79999					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 1	Twp. 22-S	Rge. 31-E	Is gas actually connected? No	When ?

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/17/91	Date Compl. Ready to Prod. 12/11/91		Total Depth 8409'		P.B.T.D. Post ID-2 8300' 1-10-91			
Elevations (DF, RKB, RT, GR, etc.) 3558 GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7366'		Tubing Depth comp & BK 7341'			
Perforations 7398'-7378'; 7376'-7366'					Depth Casing Shoe 8409'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		868'		700 sx cl 'C'			
12-1/4"	8-5/8"		4355'		1890 sx cl 'C'			
7-7/8"	5-1/2"		8409'		1425 sx cl 'C'			
	2-7/8"		7341'					

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 12/11/91	Date of Test 12/27/91	Producing Method (Flow, pump, gas lift, etc.) Pumping 2-7/8 x 1-3/4" x 25'	
Length of Test 24 hrs.	Tubing Pressure 15	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 24	Water - Bbls. 164	Gas- MCF 13

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.

Signature L. M. Sanders Supervisor,
Printed Name Regulation & Proration
Date 12/30/91 Telephone No. 915/368-1488

OIL CONSERVATION DIVISION

Date Approved JAN 3 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

Title

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.