

Submit 5 Copies  
Appropriate District Office  
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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator PHILLIPS PETROLEUM COMPANY		Well API No. 30-025-30524
Address 4001 Penbrook St., Odessa, Texas 79762		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 Lusk Deep Unit-A	Well No. 20	Pool Name, Including Formation Lusk (Delaware) West	Kind of Lease State, Federal or Fee	Lease No. LC-065720-A
Location Unit Letter I : 660 Feet From The East Line and 2310 Feet From The South Line Section 20 Township 19-S Range 32-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil PHILLIPS PETROLEUM COMPANY	or Condensate <input type="checkbox"/>	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 PHILLIPS 66 NATURAL GAS CO.	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, TX 79762
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 20 19-S 32-E
If this production is commingled with that from any other lease or pool, give commingling order number.		When? 6/11/90

IV. COMPLETION DATA

Designate Type of Completion - (X) XXX	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3/17/90	Date Compl. Ready to Prod. 5/11/90	Total Depth 7230'	P.B.T.D. 7184'					
Elevations (DF, RKB, RT, GR, etc.) 3582' GL	Name of Producing Formation Delaware	Top Oil/Gas Pay 6469'	Tubing Depth 2-7/8" @ 5616'					
Performances 6469'-6487'; 7050'-7060'; 7136'-7154'			Depth Casing Shoe 7230'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8" 48#		872'		900 ck C			
12-1/4"	8-5/8" 24#		4485'		2350 sk C & Neat			
7-7/8"	5-1/2" 25.5#		7230'		800 ck C			

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 5/11/90	Date of Test 6/29/90	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. 22	Water - Bbls. 138	Gas - MCF 85

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, Regulation & Proration  
Printed Name  
8/13/90  
Date  
(915) 367-1411  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved  
By  
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.