

SAN FAE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

RECEIVED

MAR 31 1975

Operator Norman K. Barker	
Address P.O. Box 277 Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change In Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change In Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 5-20-75 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED	
If change of ownership give name and address of previous owner N/A	

O. C. C.  
ARTESIA, OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name Phillips Federal	Well No. 1	Pool Name, Including Formation San Andres Discovery	Kind of Lease State, Federal or Fee Federal	Lease No. NM 17213
Location Unit Letter D ; 660 Feet From The FNL Line and 660 Feet From The FWL Line of Section 27 Township 12S Range 27E , NMPM, Chaves 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"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159; Artesia, N.M. 88210			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 D	Sec. 27	Twp. 12S	Pge. 27E
Is gas actually connected?		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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11/29/74	Date Compl. Ready to Prod. 3/5/75		Total Depth 1912		P.B.T.D. none			
Elevations (DF, RKB, RT, GR, etc.) DF 3568	Name of Producing Formation San Andres		Top Oil/Gas Pay 1874		Tubing Depth 1835			
Perforations none - open hole completion		OH. 1318-1912		Depth Casing Shoe 1318				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/8	10 3/4		312		Circ.			
10	8 5/8		824		250 SACKS			
8	7		1318		100 sacks			
	2 3/8 tubing		1835		none			

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 Tanks 3/5/75	Date of Test 3/20/75	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size none
Actual Prod. During Test	Oil-Bbls. 10	Water-Bbls. 15	Gas-MCF TSTM

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Norman K. Barker  
(Signature)  
Operator  
(Title)  
3/25/75  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 31 1975  
BY W. P. Gressett  
SUPERVISOR, DISTRICT II  
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.

RECEIVED

DEC 21 1976

U.S. DEPARTMENT OF COMMERCE  
WASHINGTON, D. C.