

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED

MAR 28 1981

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, N.M.

Operator <b>Phoenix Resources Company /</b>	
Address <b>c/o Oil Reports &amp; Gas Services, Inc., Box 763, Hobbs, NM 88240</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	<b>CASINGHEAD GAS MUST NOT BE FLARED AFTER 5-1-81 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED</b> <b>Ex # 2-502 Further Notice</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner _____	

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Miller &amp; Olsen</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Railroad Mountain - SA</b>	Kind of Lease State, Federal or Fee <b>FEE</b>	Lease No.
Location Unit Letter <b>I</b> ; <b>1980</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b> Line of Section <b>3</b> Township <b>8S</b> Range <b>28E</b> , NMPM, <b>Chaves</b> 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"/> <b>Navajo Crude Oil Purchasing Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 159, Artesia, NM 88210</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	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
	<b>I</b>	<b>3</b>	<b>8S</b>	<b>28E</b>	<b>NO</b>	

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 <b>2/25/80</b>	Date Compl. Ready to Prod. <b>4/21/80</b>		Total Depth <b>2720</b>		P.B.T.D. <b>2507</b>			
Elevations (DF, RAB, RT, GR, etc.) <b>4006.5 KB</b>	Name of Producing Formation <b>San Andres</b>		Top Oil/Gas Pay <b>2448</b>		Tubing Depth			
Perforations <b>2448, 49, 69, 70, 75, 76, 80, 81, 84, 85</b>					Depth Casing Shoe <b>2718</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>11</b>	<b>8 5/8</b>		<b>265</b>		<b>150</b>			
<b>6 3/4</b>	<b>4 1/2</b>		<b>2718</b>		<b>650</b>			
	<b>2 3/8</b>		<b>2487</b>					

## 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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <b>4/22/80</b>	Date of Test <b>3/1/81</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>--</b>	Casing Pressure <b>--</b>	Choke Size <b>--</b>
Actual Prod. During Test <b>12 bbls Fluid</b>	Oil-Bbls. <b>2</b>	Water-Bbls. <b>10</b>	Gas-MCF <b>1</b>

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puor, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Barbara Heller*  
(Signature)  
Agent  
(Title)  
3/20/81  
(Date)

OIL CONSERVATION DIVISION  
APPROVED MAR 25 1981, 19\_\_\_\_  
BY *W. A. Gressett*  
TITLE SUPERVISOR, DISTRICT II

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.