

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

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JUN 16 1980

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION		
SANTA FE		1
FILE		1 ✓
U.S.O.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		1
OPERATION OFFICE		

**1.**

Phoenix Resources Company

Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, NM 88240 Other (Please specify)

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 8-1-80  
UNLESS AN EXCEPTION TO Rule 306  
IS OBTAINED

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE.

DESCRIPTION OF WELL AND LEASE				Lease No.
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Fee
Miller & Olsen	2	<del>Miller</del> Railroad Mountain SA		
Location				
Unit Letter <u>H</u>	: <u>1980</u>	Feet From The <u>North</u> Line and	<u>660</u>	Feet From The <u>East</u>
Line of Section <u>3</u>	Township <u>8S</u>	Range <u>28E</u>	, NMPM, <u>Chaves</u> County	

## II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)		
Navajo Crude Oil Purchasing Company				P. O. Box 175, Artesia, NM 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)		
None						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	3	8S	28E	No	

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

### V. COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded <b>4/1/80</b>		Date Compl. Ready to Prod. <b>5/19/80</b>		Total Depth <b>2860</b>		P.B.T.D. <b>2615</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3991 KB</b>		Name of Producing Formation <b>San Andres</b>		Top Oil/Gas Pay <b>2434</b>		Tubing Depth <b>2478</b>			
Perforations <b>2434-35, 2438-50</b>						Depth Casing Shoe <b>2657</b>			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<b>11</b>	<b>8 5/8</b>		<b>268</b>		<b>150</b>				
<b>6 3/4</b>	<b>4 1/2</b>		<b>2657</b>		<b>350</b>				
	<b>2 3/8</b>		<b>2478</b>						

<b>V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL</b>		<i>(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)</i>
		Producing Method (Elec. pump, gas lift, etc.)

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test		
5/24/80	6/6/80	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	17	28	2

## GAS WELL

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (pilot, 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.

Harold Hall  
(Signature)

Agent  
(Title)

June 12, 1980  
(Date)

OIL CONSERVATION DIVISION  
JUN 17 1980

APPROVED \_\_\_\_\_, 19

BY W. E. [Signature]  
TITLE SUPERVISOR, DISTRICT H

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.

ATTACHMENT  
OIL CONSERVATION COMMISSION FORM C-104

DEVIATION SURVEYS

Operator: Phoenix Resources Company  
Lease & Well No. Miller & Olsen #2  
Location: 1980' FNL & 660' FEL of Sec. 3, T8S, R28E

<u>Depth</u>	<u>Degrees</u>	<u>Depth</u>	<u>Degrees</u>
285	0		
742	1/2		
1238	1/2		
1735	1/2		
2217	1/4		
2660	1/2		

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I do hereby certify that the above information was  
taken from drilling reports of Baber Well  
Service.

and is true and complete to the best of my knowledge.

Wm. H. Hall

Subscribed and sworn to before me this 12th day  
of June, 19 80.

Helene Broadus  
Notary Public in and for  
Lea County, New Mexico

My Commission expires 8/29/82.

