

## OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-1-78

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PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

AUG 27 1985

O. C. D.

ARTESIA, OFFICE

Operator  
PHILLIPS PETROLEUM COMPANY ✓Address  
4001 Penbrook Odessa, Texas 79762

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Change lease designation from  
GAO State 1-36 to State 1-36If change of ownership give name  
and address of previous owner \_\_\_\_\_

## I. DESCRIPTION OF WELL AND LEASE

Lease Name State 1-36	Well No. 1	Pool Name, including Formation Wildcat Penn	Kind of Lease State, Federal or Fee State	Lease No. G-3160
Location Unit Letter <u>H</u> : <u>660</u> Feet From The <u>East</u> Line and <u>2206</u> Feet From The <u>North</u> Line of Section <u>36</u> Township <u>7 S</u> Range <u>28 E</u> , NMPM, <u>Chaves</u> County				

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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
K. B. Kennedy Engineering Co.	P. O. Box 6609 RIAC, Roswell, NM 88201	
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>36</u>
	Twp. <u>7S</u>	Rge. <u>28E</u>
	Is gas actually connected? <u>yes</u> When <u>July 21, 1981</u>	

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>Past ID-3</u>
			<u>8-30-85</u>
			<u>Chg Well Name</u>

## 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)

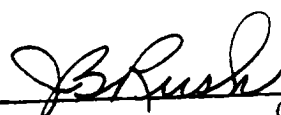
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## 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

## III. 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.



J. B. Rush

Production Records Supervisor

August 23, 1985

(Date)

## OIL CONSERVATION DIVISION

AUG 27 1985

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

Original Signed By

BY Les A. ClementsTITLE Supervisor District II

This form is to be filed in compliance with RULE 1101.

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 Form C-104 must be filed for each pool in multiple completed wells.

RECEIVED

AUG 26 1985

O.C.B.  
HOBBS OFFICE