

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

RECEIVED

JAN 30 '90

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Jack Phemons</u> ✓	Well API No. <u>O. C. D.</u>
Address <u>8216 Chicago, Lubbock, Texas 79474</u>	
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of ☐ Other (Please explain) ☐ Recompletion ☐ Oil ☒ Dry Gas ☐ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Continental 27 state</u>	Well No. <u>4</u>	Pool Name, Including Formation <u>Grayburg Jackson</u>	Kind of Lease <u>State</u>	Lease No. <u>B-7596</u>
Location <u>D 330</u>	Section <u>27</u>	Township <u>17S</u>	Range <u>29E</u>	County <u>Eddy</u>
Unit Letter <u>D</u>	Text From the North <u>330</u>	Line and <u>990</u>	Feet From the West <u>West</u>	Line

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <u>Pride Pipeline company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2436 Abilene Texas 79604</u>
Name of Authorized Transporter of Casinghead Gas <u>Phillips Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>Bartherville Oklahoma</u>
If well produces oil or liquids, give location of tanks. <u>Unit 1E 127 117 129</u>	Is gas actually connected? <u>yes</u> When? <u>3-1-62</u>

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 ☐ Gas Well	New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v ☐ Diff Res'v
Date Spudded	Date Compl. Ready to Prod
Elevations (DF, RKB, RI, GR, etc.)	Name of Producing Formation
Perforations	Top Oil Gas Pay
TUBING, CASING AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
DEPTH SET	
SACKS CEMENT <u>Part ID-3</u> <u>2-23-90</u> <u>WGT: NRC</u>	

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	Date of Test	Producing Method (flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Choke Size
		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

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 Alan Phemons Agent
Printed Name 1-30-90 806-794-0435
Date

OIL CONSERVATION DIVISION
Date Approved FEB 16 1990
By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.