RECEI > BY MAY 1 5 1984 O. C. D. ARTESIA, OFFICE

able 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 is multiply completed wells.

STATE OF NEW MEXICO ENERGY MID MINERALS DEPARTMENT

		T	_
DISTRIBUTE	DW		
SANTA FE	SANTA FE		
PILE		V	V
U.1.G.4.	U.S.G.S.		
LAND OFFICE			
TRANSPORTER	OIL	V	
	GAS		7
OPERATOR		$\Box I$	
PROBATION OFFICE		דיו	

May 11, 1984

(Date)

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

0.5.0.5.	•/////			
LAND OFFICE				
TRANSPORTER CIL V	DECLIECT FOR	RALLOWABLE		
OPERATOR 1		ND		
PROBATION OFFICE				
•	AUTHORIZATION TO TRANSP	PORT OIL AND NATURAL GAS API No. 30-015-244	.42	
Operator				
		•		
Phillips Oil Company V				
		•		
	Odessa. Texas 79762			
Reason(s) for filing (Check proper box)		Other (Please explain) CASINGHEAD GAS MUST	NOT DE	
X New Well	Change in Transporter of:			
Recompletion	<u></u> □ 0:1 □ □ □	FLARED AFTER 6-17-	. 84	
Change in Ownership	Casinghead Gas Co	ondensate SSS AN EXCEPTION F	ROM	
change of ownership give name		THE B. L. M. IS OBTAINED		
nd address of previous owner				
T THE CHIMTION OF WELL AND II	E A CD	•		
I. DESCRIPTION OF WELL AND LI	Well No. Pool Name, Including Fo	ormation 6 C C Kind of Lease	Lease No.	
	57 Curuhum India	on (Gh=SA=SR=0) State, Federal or Fee Fed.	LC-02878	
Keely C Fed	57 Grayburg-Jacks	on (Gb-SA-SR-Q) State, Federal or Fee Fed.		
Location		Wort	•	
Unit Letter E : 1650	_ Feet From The North Line	e and 330 Feet From The West		
	17.0			
Line of Section 26 Townshi	p 17-S Range	29-Е , имрм, Eddy	. County	
III. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL	GAS		
Name of Authorized Transporter of Cil 🐧	or Condensate	Address (Give address to which approved copy of this form	is to be sent)	
Navajo Refining Company -	Pineline Division	P.O. Box 159, Artesia, N.M. 88210		
Name of Authorized Transporter of Casingh	ead Gas 🔝 or Dry Gas	Address (Give address to which approved copy of this form	is to be sent)	
		4001 Penbrook		
Phillips Petroleum Company		Is gas actually connected? When .		
if well produces oil or liquids, give location of tanks.		No		
<u> </u>			<u> </u>	
f this production is commingled with th	at from any other lease or pool,	give commingling order number:		
NOTE: Complete Parts IV and V on	reverse side if necessary.	11		
7. CERTIFICATE OF COMPLIANCE	3	OIL CONSERVATION DIVISION	•	
I. CERTIFICATE OF COMPLIANCE	• .	APPROVED MAY 1 7 1984	•	
hereby certify that the rules and regulations o	f the Oil Conservation Division have			
een complied with and that the information giv	en is true and complete to the best of	Original Signed By		
ny knowledge and belief.		BYLeslie & Claments		
/)		Supervisor District II		
		TITLE		
X18 1001 11		This form is to be filed in compliance with R	ULZ 1104.	
A He Matelle	W. J. Mueller	If this is a request for allowable for a newly of	drilled or deepened	
(Signature)		well, this form must be accompanied by a tabulation	on of the deviation	
Serior Engineering Special	ist	tests taken on the well in accordance with MULE		
(Tule)		All sections of this form must be filled out completely for allow		

IV. COMILLION DATA	·		•
Designate Type of Completio	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
		X	1 1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-25-84	4-06-84	3503'	3460'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
3587' KB, 3574' GL ~	Grayburg-SA	2145'	3406'
Perforations	2636-3109' (6	6'-132 shots) 2340-2446'	Depth Casing Shoe
Perf'd 4 1/2 csq w/3-1/	/8" csq gun 3241-3441, go	' 180 shots	3503'
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12- 1/4"	8-5/8"	325'	350 sx "C", 2% CaCl
	1/4#/sx cellophane, 3#/	sx gilsonite, Circ 140 sx	
7-7/8"	4-1/2"	3503'	450 sx "C": 2nd stage
	1850 sx TLW, 400 sx Class	"H" Dv tool @ 2081'. Ci	rc 280 sx.
. TEST DATA AND REQUEST I	FOR ALLOWABLE Pass must be affined by this des	terrecovery of total volume of load oil a pik or be for full 24 hours	and must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing kiethod (Flow, pump, gas lift, etc.)	
4-10-84	5-7-84	2" X 1 1/2" X 12' insert pmp	
Longth of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.			
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF
	46	197	25 .
AS WELL		•	
	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitol, back pr.)	Tubing Pressure (Fhut-in)	Cosing Pressure (Shut-IR)	Choke Size