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| FILE                 |        |          |     |
| U.S.G.S.             |        |          |     |
| LAND OFFICE          |        |          |     |
| TRANSPORTER          | OIL    |          |     |
|                      | GAS    | 1        |     |
| OPERATOR             |        |          |     |
| PRORATION OFFICE     |        |          |     |
| Operator             |        |          |     |
| TC                   | M SCH  | NEII     | DER |
| Address              |        | -        |     |
| 505                  | N. B   | ig S     | ori |
| Reason(s) for filing | (Check | proper   | box |
| New Well             |        |          |     |
| B                    |        |          |     |
| Recompletion         |        |          |     |

October 27, 1987 (Date)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-55

| U.S.G.S.   | AUTHORIZATION TO TRA   | AND<br>NSPORT OIL AND NATH   | RECEIVED   |   |
|--|--|--|--|---|
| LAND OFFICE  |  | ON I OIL AID IM IU   | NAL UAU  |   |
| TRANSPORTER GAS  | _  |  | OCT 28 '87   |   |
| OPERATOR   |  |  |  |   |
| PRORATION OFFICE Operator  | <del>+ /</del>   | -  | O. C. D. ARTESIA, OFFICE                                       |   |
| TOM SCHNEIDE   | R V  |  | ARIESA, OFFICE   |   |
|  | ring, Suite 204, Midland,  | Texas 79701  |  |   |
| Reason(s) for filing (Check proper bo  | ox)  | Other (Please expla  | in)  |   |
| New Well Recompletion  | Change in Transporter of:  Oil Dry Gas   | s  | n operator, effective  |   |
| Change in Ownership X *  | Casinghead Gas Conden  | 1 1 1  | -1-87  |   |
| If change of ownership give name   | lighland Production Compar   | ıv. 810 N. Dixie. Sı   | uite 202, Odessa, Tx. 79761                                    |   |
|  |  |  | <u> </u>   |   |
| Lease Name   | Well No. Pool Name, Including Fo   |  | of Lease No.   |   |
| Jackson  | 1 Red Lake Q-  | G-5A State   | Federal or Fee Fee   |   |
|  | 60<br>Feet From The <u>South</u> Line  | e and 330 Fee  | et From The West   |   |
| Offit Letter   |  |  |  |   |
| Line of Section 7 T  | ownship 18-S Range 2   | 27-Е , ммрм,   | Eddy County  |   |
| DESIGNATION OF TRANSPO   | RTER OF OIL AND NATURAL GA   | S  |  |   |
| Name of Authorized Transporter of C<br>Navajo Refining CoPi  |  | Box 159, Artesia, No.  | ch approved copy of this form is to be sent)  ew Mexico, 88210 |   |
| Name of Authorized Transporter of C  | Casinghead Gas or Dry Gas  | Address (Give address to which approved copy of this form is to be sent) |  |   |
| Phillips Petroleum Co.   | Unit Sec. Twp. Rge.  | 4001 Penbrook, Odessa, Texas, 79762  Is gas actually connected? When     |  |   |
| If well produces oil or liquids, give location of tanks.   | M 7 18-S 27-E  | Yes  | Winkmown 1-24-61   |   |
| If this production is commingled to COMPLETION DATA  | with that from any other lease or pool,  | give commingling order numb  | per:   |   |
| Designate Type of Complete   | tion - (X)   | New Well Workover Dec  | epen 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  |   |
|  | TUDING CASING AND  | A CENTRAL DECORD   |  |   |
| HOLE SIZE  | CASING & TUBING SIZE   | DEPTH SET  | SACKS CEMENT   |   |
|  |  |  | Past ID-3  |   |
|  |  |  | 1-1-88   |   |
|  |  |  | eng of   |   |
| . TEST DATA AND REQUEST  | FOR ALLOWABLE (Test must be a  | fter recovery of total volume of opth or be for full 24 hours)           | load oil and must be equal to or exceed top allow              |   |
| OIL WELL Date First New Oil Run To Tanks   | Date of Test   | Producing Method (Flow, pum  | p, gas lift, etc.)   |   |
|  | The state of the s | Casing Pressure  | Choke Size   |   |
| Length of Test   | Tubing Pressure  | Coming Pressure  | Chore Size   |   |
| Actual Prod. During Test   | Oil-Bbis.  | Water - Bbls.  | Gas - MCF  |   |
|  |  |  |  |   |
| GAS WELL Actual Prod. Test-MCF/D   | Length of Test   | Bbls. Condensate/MMCF  | Gravity of Condensate  |   |
| Testing Method (pitot, back pr.)   | Tubing Pressure (Shut-in)  | Casing Pressure (Shut-in)  | Choke Size   |   |
|  |  |  |  |   |
| . CERTIFICATE OF COMPLIA   | INCE   |  | SERVATION COMMISSION   |   |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. |  | APPROVED DEC 2 9 1987 , 19, Original Signed By BY Mike Williams          |  |   |
|  |  |  |  | - |
|  | / (/   | II.  | iled in compliance with RULE 1104.                             |   |
| 10m/h  | me X   | If this is a request   | for allowable for a newly drilled or deepene                   |   |
|  | =nature)   | tests taken on the well  | in accordance with RULE 111.                                   |   |
| Tom Schneider,   |  | All sections of this   | form must be filled out completely for allow leted 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.