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LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO PRODUCE OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

NOV 7 1977

O.C.C.

ADMINISTRATIVE OFFICE

Operator	Phillips Petroleum Company
Address	Room 806, Phillips Bldg., Odessa, Texas 79761
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>
Casinghead Gas MUST NOT BE FLARED AFTER 1-1-78 UNLESS AN EXCEPTION TO IS OBTAINED	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Shug-A	1	Shugart-Yates-7R-Queen-Gb	State, Federal or Free	NM28790
Location				
Unit Letter	A	660 Feet From The north	Line and 330	Feet From The east
Line of Section	33	Township 18-S	Range 31-E	NMPM, Eddy County

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)					
Phillips Petroleum Company-Trucks	Room 101, Phillips Bldg., Odessa, Tx 79761					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company	Room 806, Phillips Bldg., Odessa, Tx 79761					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	33	18S	31-E	No	--

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8-14-77	9-22-77(perf Grayburg)	4300	3940					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3623' RKB	Yates-7 Rivers, Queen-Gb	2622 2285	3900					
Perforations	3784-86', 3812-14', 3842-48', 3854-64', 3894-96', 3901-3903' 3412-22', 3666-72', 2622-30', 2636-40', 2647-74', 2704-14'					Depth Casing Shoe		
					4300			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	710' (500 sx Class C w/2% CaCl ₂ , 1/4# Flocele/sx)	
		(Circ 85 sx at surf)	
7-7/8"	4-1/2"	4300 (675 sx Class H w/8# salt & 1/4# Flocele/sx)	
	2-3/8"	3900 3900'	(TOC at 1900')

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)

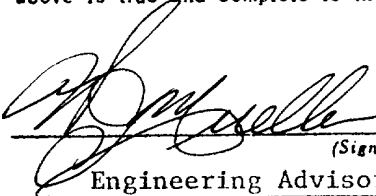
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-22-77	11-2-77	pump insert-2" X 1 1/4" X 16	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	--	--	--
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	105	86	123

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
--	--	--	--

I. CERTIFICATE OF COMPLIANCE

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.


W. J. Mueller
(Signature)
Engineering Advisor
(Title)

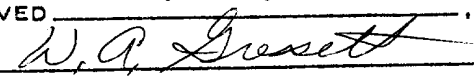
November 3, 1977

(Date)

OIL CONSERVATION COMMISSION

NOV 7 1977

APPROVED _____, 19__

BY 

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

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.

