

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

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

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OCT 31 1977

Operator Phillips Petroleum Company		ARTESIA, OFFICE	
Address Room 806, Phillips Bldg., Odessa, TX 79761			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT FLARED AFTER 12-25-77 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED	
Recompletion <input type="checkbox"/>			
Change in Ownership <input type="checkbox"/>			
If change of ownership give name and address of previous owner --			

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shug-A	Well No. 2	Pool Name, Including Formation Shugart-Yates-7R-Queen-Gb	Kind of Lease State-Federal or-Free	Lease No. NM 28790
Location Unit Letter: H ; 1980 Feet From The north Line and 330 Feet From The east Line of Section 33 Township 18-S Range 31-E, NMPM, Eddy County				

III. 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.
	H	33	18-S	31-E
Is gas actually connected?	When			
no	--			

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 <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 <input type="checkbox"/>	Diff. Res't <input type="checkbox"/>
Date Spudded 9-7-77	Date Compl. Ready to Prod. 10-10-77	Total Depth 2900		P.B.T.D. 2866				
Elevations - DF, RKB, RT, GR, etc., 3612 Gr.	Name of Producing Formation Yates--7-Rivers	Top Oil/Gas Pay 2337		Tubing Depth 2748'				
Perforations 2673-78, 2680-90, 2694-2704, 2733-66'				Depth Casing Shoe 2900'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8" 24# K-55		DEPTH SET 720' (Cmtd w/500 sx C1 C w/2% CaCl ₂ & 1/4# Floccia (per sx, circ 80 sx)			SACKS CEMENT 2		
7-7/8"	4-1/2" 11.6# N-80		2900' (350 sx C1 H w/8# salt/sx)					
	2-3/8" tbg		2748					

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 Tanks 10-25-77	Date of Test 10-26-77	Producing Method (Flow, pump, gas lift, etc.) Insert pump 2" X 1-1/4" X 12'	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil - Bbls. 87	Water - Bbls. 0	Gas - MCF 107

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 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)

October 27, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 31 1977
BY W. A. Gressett
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.

