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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
000 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

RECEIVED

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

JAN 22 '90

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA, OFFICE

Operator <u>Jack Phemons</u>	Well API No.
Address <u>8216 Chicago Ave., Lubbock Texas 79424</u>	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change of operator give name and address of previous operator	

### I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>McFadden fed</u>	Well No. <u>7</u>	Pool Name, Including Formation <u>Shugart (y-SR-Q68)</u>	Kind of Lease State, Federal or Ice <u>Federal</u>	Lease No. <u>LC029353A</u>
Location Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>3</u> Township <u>19 S</u> Range <u>31 E</u> , NMIM, <u>Eddy</u> County				

### II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>Pride Pipeline Company</u>	or Condensate <input type="checkbox"/>	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 <input type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. <u>Unit A Sec. 3 Twp. 19S Rge. 31E</u>	Is gas actually connected? <u>No</u>	When?

### V. COMPLETION DATA

Designate Type of Completion - (X) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well	New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, 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	

### VI. 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	Choke Size <u>posted ID 3 1-26-90</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>Chg 2 F. HRC</u>

### 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 Glen Phemons  
Printed Name Glen Phemons - Agent  
Date 1-22-90 Telephone No. 806-866-4047

### OIL CONSERVATION DIVISION

Date Approved JAN 25 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.

2) All sections of this form must be filled out.