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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  
100 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

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

RECEIVED

JAN 22 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Jack Phemons Well API No. Q.C.D. ARTESIA OFFICE

Address 8216 Chicago Ave, Lubbock Texas 79474

Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator  Change of operator give name and address of previous operator

Change in Transporter of:  Oil  Dry Gas  Casinghead Gas  Condensate

III. DESCRIPTION OF WELL AND LEASE

Lease Name McFadden Fed Well No. 8 Pool Name, Including Formation Shugart y-SR-Q, CB Kind of Lease Federal Lease No. LC029353A

Location H 2310 Feet From The North Line and 990 Feet From The East Line

Section 3 Township 19S Range 31E NMPM, Eddy County

IV. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate   
Pride Pipeline Company Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436 Abilene Texas 79604

Name of Authorized Transporter of Casinghead Gas  or Dry Gas

Does well produce oil or liquids, give location of tanks. LA 13 19S 31E Is gas actually connected? No When?

Is this production commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)  Oil Well  Gas Well

Date Spudded \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_

Elevations (DF, RKB, RT, GR, etc.) \_\_\_\_\_ Name of Producing Formation \_\_\_\_\_

Perforations \_\_\_\_\_

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VII. 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 ported TD-3 1-26-90

Actual Prod. During Test \_\_\_\_\_ Oil - Bbls. \_\_\_\_\_ Water - Bbls. \_\_\_\_\_ Gas - MCF 6471 NRC

**GAS WELL**

Actual Prod. Test - MCF/D \_\_\_\_\_ Length of Test \_\_\_\_\_ Bbls. Condensate/MCF \_\_\_\_\_ 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 [Signature]  
Printed Name W. L. Phemons - Agent  
Date 1-22-90 Telephone No. 806-866-4072

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 for allowable on new and recompleted wells.