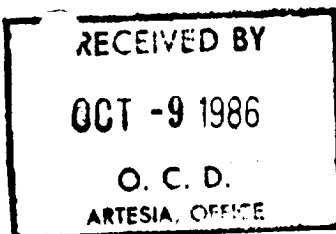


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Frank Boyce
Address P.O. Box 426, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Well Name <u>Connie "C"</u>	Well No. <u>4</u>	State, Federal or Fee <u>STATE</u>	<u>E-5073</u>
Pool Name, including Formation <u>OUTPOST DELAWARE</u>			
Unit Letter <u>B</u>	<u>990</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u>		
Line of Section <u>25</u>	Township <u>19-S</u>	Range <u>28-E</u>	County <u>Eddy</u>

I. 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)		
<u>Phillips Petroleum</u>	<u>Truck #4001 Penbrook, Odessa, Texas 7976</u>		
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)		
<u>Phillips Petroleum</u>	<u>Post ID-2</u>		
Is gas actually connected?	When		
<u>yes</u>	<u>10-1-86</u>	<u>10-17-86</u>	
Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	<u>B</u>	<u>25</u>	<u>19-S</u>
			<u>28-E</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____
NOTE: Complete Parts IV and V on reverse side if necessary.

I. 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 is true and complete to the best of my knowledge and belief.

Frank Boyce
(Signature)
Owner
(Title)
October 9, 1986
(Date)

OIL CONSERVATION DIVISION	
APPROVED	<u>OCT 14 1986</u>
BY	Original Signed By <u>Les A. Clements</u>
TITLE	Supervisor District II
This form is to be filled 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 multiple completed wells.	

COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX		X					
Date Installed	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
9-7-86	10-1-86	3494		3470					
Locations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
3334	Delaware	3213		3105.62					
Explorations							Depth Casing Shoe		
3213-3257									

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8 24#	790'	850 SX
7 7/8	5 1/2" 15.5#	3494'	650 SX
	2 3/8 J-55	3105.62	

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10-1-86	10-2-86	Flow	
of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hr	120 PSI	420 PSI	24/64
of Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
60 bbls	55	5	315,000 CF

Test Method (pilot, back pr.)	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size