					RECEIVED		
STATE OF NEW MEXICO IERGY AND MINERALS DEPARTMENT					NOV 25 '88	<sup>1</sup> Form C-104	
0: 0: 10:0:0 0:0:0:0:0:0:0   0:0:0:0:0:0:0:0:0 0:0:0:0:0:0:0   Autro or Fice 0:0:0:0:0:0:0:0   Auto or Fice 0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:		₽.	RVATION 0. BOX 2088 NEW MEX		O, C, D. N <sub>ARTESIA</sub> , OFFICE	Revised 10-0 Format 05-01 Page 1	
AMPENTER CAS			ST FOR ALLO AND RANSPORT O	WABLE	AL GAS		
P.O. Box 2523, H		· · · · · · · · ·	-2523	<u> </u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
rson(s) for filing (Check proper box) Now Well Recomploisen Change in Ownership	Change in '	Transporter of:	Dry Gas	FLACTO- /	IEAD GAS MUST	87	
hange of ownership give name					<del>rin Exception -</del> M. Is obtained		
DESCRIPTION OF WELL AND I	LEASE						
)sage Federal		Pool Name, Incl Parkway 1	-	1	Kind of Lease State, Federal or Fee	Federal	Lecse No. NM-24160
unit Letter 0 ; 660'	Feel From	The South	Line and	1910'	Feet From TheEa	st	
Line of Sertion 35 Towned	up 19-S		► 29-E		Eddy		County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS								
Name of Authorized Transporter of			ensate 🗖		Address (Give address to which	approved copy of this form is to be sent)		
Conoco, Inc.					P.O. Box 460, Hob			
Name of Authorized Transporter of	Casinghead (	<b>349</b>	or Dry Go	<b>=</b>	Address (Give address to which	approved copy of this form is to be sent)		
Phillips 66 Gas	Company				Bartlesville, OK	74004		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actually connected?	When		
give location of tanks.	' .T	35	! 19	· 29	-NO-	December 12, 1988		

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.

## **VI. 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.

(Signature)

Production/Reservoir Engineer (Tile)

(Date)

APPROVED		, 19
BY	Original Signad By	
TITLE	Miles Williams	

NOV 2 2 1088

**OIL CONSERVATION DIVISION** 

Part ID-1 12-2-88

Compy 13K

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 toots taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filed for each post in multiply completed wells.



19 Nov 9 1 1 4

## IV. COMPLETION DATA

Designate Type of Complet	tion – (X) OU Well X	Gas Well	New Well X	Workover	Deepen	Plug Beck	Same Res*v.	Diff. Res*v.
Date Spudded 11/02/88	Dete Compl. Ready to Pr 11/18/88	ed.	Total Depth 5000		<u></u> .	<b>P.B.T.D.</b>	<b>1</b> 33'	·
Clevelies (DF. RKB. RT. GR. etc., 3330' KB	Neme of Producing Formation Delaware		Top Oll/Ges Pay 4201'		<u> </u>	Tubing Depth 4178' SN		
4201' - 4222'	(15 Perfs)	<b>-</b>	<u></u>			Depth Casin 5	<b>Shee</b> 000'	
	TUBING, C	ASING, AND	CEMENTIN	G RECORD	)			•
HOLESIZE	CASING & TUBIN	IG SIZE		DEPTH SE	T	SA SA	CKS CEMEN	IT
17-1/2"	13-3/8"			360'		755_sx	(1" to	surface)
12-1/4"	8-5/8"			3218'				surface)
7-7/8"	5-1/2"			5000'		_400 sx	S	
	23/8			4178				

n C-184 888 10-01-78 Net 08-01-83

V. TEST DATA AND REQUEST POR ALLOWABLE (Test must be after recovery of testal volume of load oil and must be equal to or exceed top allow-OIL WELL able for this depth or be for full 24 hours)

Date Furt New Oll Run To Tanks	Date of Test	Producing Method (Flow, pur	mp, gas 14f2, etc.)
11/18/88	11/22/88	Flowing	
Length of Test	Tubing Pressure	Could Pressure	Cheke \$120
24 hours	120	570	25/64''
Actual Fred. During Teet	<b>Oli - Bhie.</b>	Weier - Bhis.	<b>Gen-MCF</b>
200	120	80	144 (est)

## GAS WELL

Astuni Fred. Test-MCF/D	Longth of Tool	Bhis. Contensors/hB4CF	Grevity of Candensate
Tooling Mothed (ploot, back pr.)	Tubing Pressure ( Shub-LD )	Casing Pressure (Stret-1.8.)	Cheke Size