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Form C-104

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API No. 30-015-20897

Operator Phillips Petroleum Company ✓	
Address Room 401, 4001 Penbrook Street, Odessa, Texas 79762	
Reason(s) for filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Other (Please explain) Request for testing allowable of 300 BO to evaluate Bell Canyon

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Drag C	Well No. 1	Pool Name, including Formation Undesignated Bell Canyon	Kind of Lease State, Federal or Fee	Fee	Lease No. ---
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>south</u> Line and <u>1980</u> Feet From The <u>west</u> Line of Section <u>19</u> Township <u>23-S</u> Range <u>27-E</u> , NMPM, <u>Eddy</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

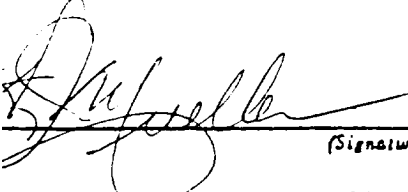
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum Company - Trucks	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Street, Odessa, Texas 79762
Name of Authorized Transporter of Casinghead 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. Unit <u>K</u> Sec. <u>19</u> Twp. <u>23</u> Rgs. <u>27</u>	Is gas actually connected? <u>No</u> When _____

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) W. J. Mueller  
(Title)  
October 8, 1984  
(Date)

OIL CONSERVATION DIVISION  
OCT 15 1984

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_ Original Signed By  
Leslie A. Clements  
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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X					X		X
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
8-28-73	6-07-84	12,125'				5195'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
3205' GR	Bell Canyon	2046				2138'			
Perforations						Depth Casing Shoe			
Perf'd w/4"OD gun 2JSPF @ 2046-2052' & 2086-2094'						5570'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"		13 3/8"		390'		450 sx "H" w/2% CaCl			
11"		8 5/8"		5570'		1300 sx LW w/3# gilsonite			
						+ 250 sx Neat			

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6-13-84	n/a	2 1/2" x 1 3/4" x 20' insert pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back fr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size