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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
**RECEIVED**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

MAR 18 1974

Operator <b>Phillips Petroleum Company</b>		<b>O. C. C.</b> ARTESIA, OFFICE	
Address <b>Room 711, Phillips Building, Odessa, Texas 79761</b>			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	<b>To test Strawn zone to evaluate dual completion attempt.</b>	
Recompletion <input type="checkbox"/>			
Change in Ownership <input type="checkbox"/>			

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>James-E</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Strawn</b>	Kind of Lease State, Federal, or Fee	NM	Lease No. <b>0479142</b>
Location Unit Letter <b>G</b> ; <b>1980</b> Feet From The <b>north</b> Line and <b>1980</b> Feet From The <b>east</b> Line of Section <b>11</b> Township <b>22-S</b> Range <b>30-E</b> , NMPM, <b>Eddy</b> County					

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>El Paso Natural Gas Company</b>	<b>Box 84, Jal, New Mexico</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Undetermined <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Restv. <input type="checkbox"/> Diff. Restv. <input type="checkbox"/>
Date Spudded <b>10-24-73</b>	Date Compl. Ready to Prod. <b>2-16-74</b>	Total Depth <b>13,950'</b>
Elevations (DF, RKB, RT, GR, etc.) <b>3198' Gr., 3220' DF</b>	Name of Producing Formation <b>Strawn</b>	Top Oil/Gas Pay <b>12,210'</b>
Perforations <b>12214-1221', 4--1/2" holes/ft. 7' = 28 holes</b>		Tubing Depth <b>13,200'</b>
		Depth Casing Shoe <b>13,948'</b>

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>20"</b>	<b>16" (403')</b>	<b>403' (Cmtd 550sx TRLW w/2%CaCl2 &amp; 7yds ready) (mix. TOC @ surface.)</b>	
<b>15"</b>	<b>10-3/4"</b>	<b>3688' (400sxTRLW, 300sxClassC. Circd 490sx.)</b>	
<b>9 1/2"</b>	<b>7-7/8"</b>	<b>11405' (300sxClassH w/3/10%LWL, TOC@10040')</b>	

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL**

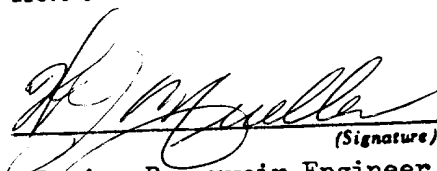
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

**GAS WELL** Well kicked off and flowed for 1/2 hr, FTP - 1200#.

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MCF	Gravity of Condensate
No Estimate	(Estimated) 1/2hr period	No Estimate	
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
	4,000# 4750		3/4"

**VI. CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
**W. J. Mueller**  
(Signature)  
**Senior Reservoir Engineer**  
(Title)  
**3-15-74**  
(Date)

**OIL CONSERVATION COMMISSION**  
**MAR 19 1974**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **W. A. Gressett**  
TITLE **OIL AND GAS INSPECTOR**

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 deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells 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 conditions.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.



**PHILLIPS PETROLEUM COMPANY**

ODESSA, TEXAS 79760  
PHILLIPS BUILDING, FOURTH & WASHINGTON

EXPLORATION & PRODUCTION DEPARTMENT

March 15, 1974

**RECEIVED**

**MAR 18 1974**

**O. C. C.  
ARTESIA, OFFICE**

7-5: James-E Well No. 1--  
Section 11, T-22-S, R-30-E,  
Eddy County, New Mexico

File: W2-Ed-118-74

New Mexico Oil Conservation Commission  
Drawer DD  
Artesia, New Mexico 88210

Attention: Mr. W. A. Gressett  
District Supervisor

Gentlemen:

We respectfully request your approval to conduct evaluation tests for a period not to exceed thirty days on the Strawn zone of the captioned well to determine the feasibility of a dual completion in the well bore of this zone and the Cabin Lake Morrow Gas zone. Such test production will be made into the gathering system sales line. Gas production is dedicated to El Paso Natural Gas Company. We expect to commence such testing on or about March 18, 1974.

Attached are Forms C-104 covering this request, and Inclination Report.

The Cabin Lake Morrow Gas zone in this well will be shut in and not produced during the testing of the Strawn formation.

This confirms our telephone discussions of this date.

Yours very truly,

  
T. Harold McLemore, for

PHILLIPS PETROLEUM COMPANY

THMcL:rm  
Attachments

