Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico RECEIVED
Energy, Minerals and Natural Resources Department

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

O. C. D.

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION OFFICE
TO TRANSPORT OIL AND NATURAL GAS

OIL CONSERVATION DIVISIONMAY -8 '89

Recompletion Oil Dry Gas	Well API No.
P.O. Box 27725 Houston, TX 77227-7725 Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas	e explain)
Recompletion Oil Dry Gas	explain)
Change in Operator	e explain) Change of Purchaser
If change of operator give name and address of previous operator	
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Philly Fed. Well No. Pool Name, Including Formation Carlsbad-Morrow, South	Kind of Lease Lease No. State Federal or Fee
Location Unit Letter H : 1980 Feet From The North Line and	660 East Line
Section 21 Township 23S Range 26E , NMPM,	Eddy County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
P.O. Box 118	s to which approved copy of this form is to be sent) 3; Houston, TX 77251-1183
Matural Jan Vinceline Box 283	s to which approved copy of this form is to be sent)
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connect give location of tanks. H 21 23S 26E Yes	ted? 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 Gas Well New Well Workor	wer Deepen Plug Back Same Res'v Diff Res'v
Date Spudded Date Compi. Ready to Prod. Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay	Tubing Depth
Perforations	Depth Casing Shoe
TUBING, CASING AND CEMENTING RE	CORD
HOLE SIZE CASING & TUBING SIZE DEPTH	SET SACKS CEMENT
V. 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 to	op allowable for this depth or be for full 24 hours.)
	ow, 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	
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MM	CF Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in)	-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. Date Appr	CONSERVATION DIVISION MAY 9 1989
Jandra M. U	Odelad Canad Do
Signature By By	Alke Williams
Title Title Title	

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.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 1) Sanarata Form C 104 must be filed for each neal in multiplic completed walls