

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

AUG 16 1983

REQUEST FOR ALLOWABLE
AND

O. C. D

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARTESIA OFFICE

API No. 30-015-20897

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator
Phillips Petroleum Company ✓Address
Room 401, 4001 Penbrook, Odessa, Texas 79762

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 10-10-83
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINEDIf change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Drag - C	Well No. 2	Pool Name, including Formation undesignated-Bone Spring	Kind of Lease State, Federal or Fee Fee	Lease No. ---
Location Unit Letter 0 : 990 Feet From The south Line and 1980 Feet From The east Line of Section 19 Township 23-S Range 27-E, NMPM, Eddy County				

II. 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, 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 K	Sec. 19	Twp. 23-S	Rge. 27-E	Is gas actually connected? No	When

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Res
Date Spudded 5-12-83	Date Comp. Ready to Prod. 7-21-83		Total Depth 5600'		P.B.T.D. 5505'			
Elevations (DF, RKB, RT, GR, etc.) 3210 DR&RKB, 3198' GL	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 5370'		Tubing Depth 5348'			
Perforations 5383' - 5387'; 5390' - 5394'		Total 8' -- 16 shots		Depth Casing Shoe 5609'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 - 1/4"	8-5/8"		521'		450 sx Class "C", 125 circd to surface.			
7-7/8"	5-1/2"		5609'		950 sx TLW, 450 sx C1 circd 10 sx to surface			

VI. 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 all
OIL WELL able for this depth or be for full 24 hours)

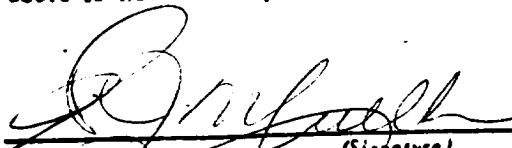
Date First New Oil Run To Tanks 8-1-83	Date of Test 8-4-83	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 420#	Casing Pressure -----	Choke Size 24/42"
Actual Prod. During Test	Oil-Bbls. 12	Water-Bbls. 18	Gas-MCF 393

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

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


(Signature)
W. J. Mueller
(Senior Engineering Specialist)
(Title)
August 11, 1983

OIL CONSERVATION DIVISION

AUG 19 1983

APPROVED _____, 19____
Original Signed By
BY Leslie A. Clements
Supervisor District II
TITLE _____

This form is to be filled in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper
well, this form must be accompanied by a tabulation of the deviat
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own
number, or transporter, or other such change of conditi