

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Phillips Petroleum Company

Address  
4001 Penbrook Street, Odessa, Texas 79762

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	CASINGHEAD GAS MUST NOT BE
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	FLARED AFTER <u>6/30/87</u>
	<input type="checkbox"/> Dry Gas	UNLESS AN EXCEPTION TO:
	<input type="checkbox"/> Condensate	RULE 306 IS OBTAINED ✓

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name James-A	Well No. 2	Pool Name, including Formation Wildcat - Delaware	Kind of Lease State, Federal or Fee State	Lease No. K-3271
Location Unit Letter <u>J</u> ; <u>1652</u> Feet From The <u>south</u> Line and <u>1980</u> Feet From The <u>east</u>				
Line of Section <u>2</u> Township <u>22-S</u> Range <u>30-E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

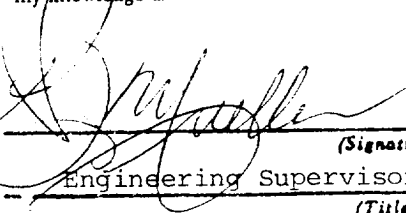
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum - Trucks	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Street, Odessa, Tx 79762	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> --	Address (Give address to which approved copy of this form is to be sent) Post # D-2	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 2
	Twp. 22-S	Rge. 30-E
	Is gas actually connected? <u>no</u>	
	When <u>4-3-87</u> <u>Comp &amp; BK</u>	

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.

  
W. J. Mueller  
(Signature)  
Engineering Supervisor, Reservoir  
(Title)  
March 24, 1987  
(Date)

OIL CONSERVATION DIVISION

MAR 31 1987

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_  
BY \_\_\_\_\_  
Original Signed By  
Mike Williams  
TITLE \_\_\_\_\_  
Oil & 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 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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Some Rest'v.	Diff. Rest'v.
Date Spudded 12-20-86	Date Compl. Ready to Prod. 1-15-87 (Perf'd)		Total Depth 6000'		P.B.T.D. 5954'				
Elevations (DF, RKB, RT, GR, etc.) 3177' Gr, 3188' RKB		Name of Producing Formation Delaware		Top Oil/Gas Pay 5625'		Tubing Depth 5514' TAC			
Perforations 5920'-5940' (20' - 40 holes); 5862'-5878' (16'-32 holes); 5625'-5658'						Depth Casing Shoe 6000'			
TUBING, CASING, AND CEMENTING RECORD (23'- 46 holes)									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8" 54.5# K-55		400		600 sx C, 2%CaCl <sub>2</sub> . Circ.				
12-1/4"	8-5/8" 24# K-55		3450'		1200 sx C, Circ				
7-7/8"	5-1/2" 14#, 15.5#		6000'		150 sx C + 400 sx Neat.				
	K-55				TOC @ 3126'				

#### 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 1-16-87	Date of Test 3-14-87	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hrs	Tubing Pressure 202	Casing Pressure --	Choke Size 1"
Actual Prod. During Test	Oil-Bbls. 233	Water-Bbls. 2	Gas-MCF 151.7

#### GAS WELL

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