

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
RECEIVED

NOV 02 '88

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Phillips Petroleum Company ✓	
Address 4001 Penbrook St., Odessa, TX 79762	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	CASINGHEAD GAS MUST NOT BE PLACED INTO <u>1/3/89</u> UNDER AN EXCEPTION TO: RULE 303 IS OBTAINED

Change in Transporter of:
☐ Oil ☐ Dry Gas
☐ Casinghead Gas ☐ Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name JAMES- A	Well No 5	Pool Name, including Formation Cabin Lake (Delaware)	Kind of Lease State, Federal or Fee State	Lease No K-3271
Location Unit Letter <u>0</u> <u>660</u> Feet From The <u>South</u> Line and <u>1800</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

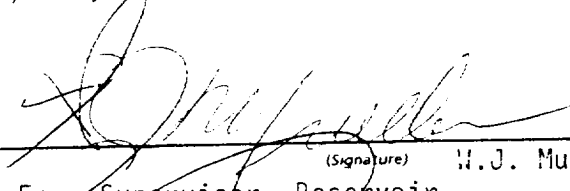
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum Company - Trucks	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, TX 79762					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79999					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 2	Twp. 22-S	Rge. 30-E	is gas actually connected? No	When approx. 11/1/88

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
Eng. Supervisor, Reservoir
(Title)
10/28/88
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 8 1988, 19____

BY Original Signed By
Mike Williams

TITLE _____

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res v.	Diff Res'v
Date Spudded 8/21/88	Date Compl Ready to Prod 10/1/88		Total Depth 6258'			P B T D 6238'			
Elevations (DF, RKB, RT, GR, etc.) 3178' GL, 3185' DF		Name of Producing Formation Delaware		Top Oil/Gas Pay 5627'			Tubing Depth 5686'		
Perforations 5627-5666'							Depth Casing Shoe 6258'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
17-1/2"	13-3/8"			405'			600 sk "C"		
12-1/4"	8-5/8"			3545'			1400 sk "C"		
7-7/8"	5-1/2"			6258'			675 sk "C"		
	2-3/8"			5686'					

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.)

OIL WELL

Date First New Oil Run To Tanks 10/5/88	Date of Test 10/25/88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 71	Water-Bbls. 8	Gas-MCF 84

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