Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

ceci 3 9 9 Ed

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NSPORT O	IL AND NA	TURAL G	AS				
Operator Phillips Petr				Well API No. 30-015-26254						
Address 4001 Penbrook	, Odes	sa, T	X 79762		·	<u> </u>				
Reason(s) for Filing (Check proper box)				X Ou	her (Please exp	lain)				
New Well	Oil		Transporter of: Dry Gas		_	-	_			
Recompletion Change in Operator	Dh:11	Scurlock Permian (Primary) Phillips Petroleum Co.(Trucks)(Alterna								
If change of operator give name	Casinghea	d Gas	Condensate	TIILLI.	ips Pet	roleum	Co.(T	rucks)	(Altern	
and address of previous operator										
II. DESCRIPTION OF WELL	AND LEA	ASE								
Lease Name	ding Formation			Kind of Lease No						
James E		Well No.	Cabin	Lake (I	Delawar	e) State	, Federal or F	SET NIMO	Lease No. 479142	
Location				· · · · · · · · · · · · · · · · · · ·		<u> </u>		XX I IVIIO	4/9142	
Unit LetterB	<u> . 500</u>		Feet From The $\frac{N}{2}$	orth Lin	e and 180	00 =	eet From The	Foot		
11	000					<u> </u>	cet From The	_ Last	Line	
Section 11 Townsh	ip 22S		Range 30	E , N	MPM,		Edd	V	County	
III. DESIGNATION OF TRAN	JCDADTE	D OF OT	T AND NAME	m				,		
Name of Authorized Transporter of Oil	 \	or Condens	L AND NAIL	Address (Giv	n address to	L:-L				
Scurlock Permian (Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casin	P.O. Box 4648, Houston, TX 7721 Address (Give address to which approved copy of this form is to be sent)					210				
Name of Authorized Transporter of Casinghead Gas X or Dry Gas $L1$ ano, Inc.				921 W	Sange	ucs upproved	The NM 99940			
f well produces oil or liquids, Unit Sec.			Twp. Rge. Is gas actually connected?			When	Hobbs, NM 88240			
	B	11	22 9 30E	<u> </u>	es	<u>i</u>		7-90		
f this production is commingled with that V. COMPLETION DATA	from any other	er lease or p	ool, give comming	ling order numl	ber:					
TO COM EDITOR DATA		Oil Well	Contract	1		·				
Designate Type of Completion	- (X)	lon wen	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Con		i. Ready to Prod.		Total Depth		L	P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Produ			ucing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations							Tability Depth			
CITOTALIONS							Depth Casir	ig Shoe		
		·								
HOLE SIZE		NG RECOR	D							
HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
										
						· ·······	 			
. TEST DATA AND REQUES				 -			L			
IL WELL (Test must be after relate First New Oil Run To Tank	covery of low	al volume of	load oil and must	be equal to or	exceed top allo	wable for this	depth or be j	for full 24 how	ers.)	
ate First New Oil Kun 10 lank	Date of Test			Producing Me	thod (Flow, pur	np, gas lift, e	(c.)			
ength of Test	Tubing Pressure			Carla B			T = 1	Muco	1103	
Tuoing 1		MIC		Casing Pressure			Choke Size 1 111 9 4			
ctual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas-MCF AT 12PC			
								<u> </u>		
GAS WELL ctual Prod. Test - MCF/D								,		
cual Prod. 1est - MCF/D	Prod. Test - MCF/D Length of Test			Bbls. Condens	ate/MMCF		Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			C						
THOME LIEBRIE (NIM-III)			'	Casing Pressur	e (Shut-in)		Choke Size			
I OPERATOR CERTIFIC	ATE OF	COMPT	TANCE	<u></u>				 		
I. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given shove				OIL CONSERVATION DIVISIO				N		
is true and complete to the best of my knowledge and belief.				Date Approved DEC 0 7 1993						
1/6/K)V., 0.				Date Approved						
Simon				D						
Signature R. Oberle Coordinator Operations				BySUPFRIVE						
Printed Name Title				TitleSUPERVISOR, DISTRICT II						
December 3, 1993 (915) 368-1675				Title_		-		<u> </u>		
Date		Telepho	one No.							

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
- 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.