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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

DEC 19 '90

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Phillips Petroleum Company ✓	Well API No. 30-015-26313
Address 4001 Penbrook St., Odessa, Texas 79762	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name JAMES "A"	Well No. 9	Pool Name, Including Formation Cabin Lake (Delaware)	Kind of Lease State, Federal or Tax	Lease No. K-3271
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>500</u> Feet From The <u>East</u> Line Section <u>2</u> Township <u>22-S</u> Range <u>30-E</u> , <u>NMPM</u> , <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, Texas 79762				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79999				
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>2</u>	Twp. <u>22-S</u>	Rge. <u>30-E</u>	Is gas actually connected? Yes
					When? 9-90

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5-31-90	Date Compl. Ready to Prod. 8-23-90	Total Depth 7530'	P.B.T.D. 7483'					
Elevations (DF, RKB, RT, GR, etc.) 3220' GR	Name of Producing Formation Cabin Lake (Delaware)	Top Oil/Gas Pay 6405'	Tubing Depth 7460'					
Perforations 7439-7451'; 7256-7346'; 7111-7162'; 6405-6486'			Depth Casing Shoe 7530'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	400'	700 sx Class "C"					
12-1/4"	8-5/8"	3500'	1200 sx Howco lite &					
			200 sx Class "C"					
7-7/8"	5-1/2"	7529'	250 sx Diacel "D"					

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 top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 8-23-90	Date of Test 12-13-90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 50	Casing Pressure	Choke Size comp x BK
Actual Prod. During Test	Oil - Bbls. 112.32	Water - Bbls. 65.97	Gas- MCF 62

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

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.

Signature
L. M. Sanders
Printed Name
12-17-90
Date
Supv., Regulation & Proration
(915) 368-1488
Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 28 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.