

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

**JIL CONSERVATION DIVISIC..**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

DEC 19 '90

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator PHILLIPS PETROLEUM COMPANY		Well API No. 30-015-26314
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. 10	Pool Name, including Formation Cabin Lake (Delaware)	Kind of Lease State, Federal or Fee	Lease No. K-3271
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>S</u> Line and <u>2310</u> Feet From The <u>W</u> Line Section <u>2</u> Township <u>22-S</u> Range <u>30-E</u> , <u>NMPM</u> Eddy 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 Company	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 J	Sec. 2	Twp. 22-S	Rge. 30-E	Is gas actually connected? Yes	When? 8/90
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) XXX	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 5/8/90	Date Compl. Ready to Prod. 7/7/90		Total Depth 7500'			P.B.T.D. 7426'		
Elevations (DF, RKB, RT, GR, etc.) GL 3166'	Name of Producing Formation Delaware		Top Oil/Gas Pay 7044'			Tubing Depth 6988'		
Perforations 7218-7273'; 7044'-7087'						Depth Casing Shoe 7466'		
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
17-1/2"	13-3/8"		408'			900 sk C		
12-1/4"	8-5/8"		3500'			1200 sk C		
7-7/8"	5-1/2"		7466'			1000 sk C & Neat		

**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 7/7/90	Date of Test 12/13/90	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. 48	Water - Bbls. 90	Gas - MCF 17

*Prod ID-2  
1-4-90  
ump & BK*

**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.

*L.M. Sanders*  
Signature  
L. M. Sanders, Supervisor, Regulation & Promotion  
Printed Name  
Date 12/18/90 Telephone No. 915/368-1411

**OIL CONSERVATION DIVISION**

Date Approved DEC 28 1991

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