

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

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

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

# OIL CONSERVATION DIVISION

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

ONE COPY MUST BE  
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## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	PHILLIPS PETROLEUM COMPANY	Well AP No.	O. C. D.
Address		ARTESIA-OTIS-26371	
4001 Penbrook St., Odessa, TX 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 E	Well No.	4	Pool Name, Including Formation	Cabin Lake (Delaware)	Kind of Lease	State, Federal or Fee	Lease No.	NM0479142
Location									
Unit Letter	A	:	760	Feet From The	North	Line and	330	Feet From The	East
Section	11	Township	22-S	Range	30-E		NMPM	Eddy	County

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	PHILLIPS PETROLEUM COMPANY	or Condensate	<input type="checkbox"/>	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	El Paso Natural Gas Co.	or Dry Gas	<input type="checkbox"/>	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	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	B	11	22-S	30-E	Yes	12/21/90

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	XXX		XXX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
6/19/90	12/3/90		7620'		7574'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3293.4' GL; 3305.4' KB	Delaware		6814'		6950'			
Perforations	7313-7324'; 7354-7427'; 7168'-7196'; 6984-6988'; 6994-7022'; 7054-7058'; 6814-6826'; 6866-6874'; 6895-6902'; 7458-7465'.				Depth Casing Shoe			
				7620'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		474'		800 sk C Post ID-2			
12-1/4"	8-5/8"		3700'		1740sk C 3-29-91			
7-7/8"	5-1/2"		7620'		1125 sk C camp 4 BK			

### 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.)

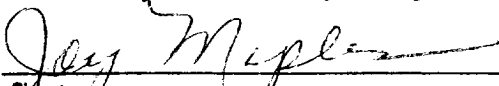
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10/31/90	12/11/90	pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	113	8.5	50

### 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.



M. Sanders, Supervisor, Regulation & Proration

12/28/90 (915) 368-1411

Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved MAR 27 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.