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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions . ં દેરકો

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

Q. G. D.

| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | | | | | | . aire | AND THE PROPERTY. | £ | | | |
|---|----------------------------|-------------------------------|------------------------------|---|--|---------------------------|---|-------------------------------------|------------|--|--|
| I. | | | R ALLOWAE SPORT OIL | | | | | | | | |
| Operator | | | | | | Well API No. | | | | | |
| Address Pnillips Pet | Phillips Petroleum Company | | | | | 30-015-26408 | | | | | |
| 4001 Penbroo | k Stre | et, Od | lessa, Te | exas 79 | 762 | | | | | | |
| Reason(s) for Filing (Check proper box) | | | | X Oth | er (Please explo | in) | | | | | |
| New Well Recompletion | Oil | Change in Tr | • – | Scurlo | ck Perm | ian (P | rimary |) | | | |
| Change in Operator | Casinghead | | ondensate | Philli | ps Petr | oleum | Co.(Tru | ıcks) (A | lternat | | |
| If change of operator give name and address of previous operator | | | | | | | | | | | |
| II. DESCRIPTION OF WELL | AND LEA | SE | | | | | | | | | |
| Lease Name | | Well No. Pool Name, Including | | | T | | | of Lease No. FederalNor Box NM70225 | | | |
| Livingston Ridge F | ea | 6 | Cabin La | ake (De | <u>laware)</u> | States | recent devine | NM7C | 335 | | |
| Unit Letter K | : 198 | <u>0</u> | eet From The \underline{V} | Vest Lin | e and19 | 80 Fe | et From The _ | South | Line | | |
| Section 1 Townshi | p 22S | R | ange 301 | E , NI | МРМ, | E | ddy | | County | | |
| III. DESIGNATION OF TRAN | SPORTEI | R OF OIL | AND NATTI | RAL GAS | | | | | | | |
| Name of Authorized Transporter of Oil or Condensate | | | | | Address (Give address to which approved copy of this form is to be sent) | | | | | | |
| Scurlock Permian Corp. Or Dry Gas Or Dry Gas | | | | P. O. Box 4648, Houston, TX 77210 Address (Give address to which approved copy of this form is to be sent) | | | | | | | |
| Llano, Inc. | | <u>X</u> 01 | Diy 048 [] | 921 W | | | bs. NM | | <i>u)</i> | | |
| If well produces oil or liquids, give location of tanks. | Unit F | • | wp. Rge. | Is gas actually connected? | | | When ? | | | | |
| If this production is commingled with that | - | | 2S BOE | ing order num | | | <u>3-4-92</u> | | | | |
| IV. COMPLETION DATA | | | | | | | | | | | |
| Designate Type of Completion | - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | | |
| Date Spudded | Date Comp | i. Ready to Pr | rod. | Total Depth | <u> </u> | .l | P.B.T.D. | | | | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Form | | | ation | Top Oil/Gas | | Tubin _b Tripth | | | | | |
| Perforations | l | | ** | <u> </u> | | | Depth Casing | Shoe | | | |
| | Ť | UBING C | ASING AND | CEMENTI | NG RECOR | <u> </u> | <u> </u> | | | | |
| HOLE SIZE | 1 | SING & TUB | | DEPTH SET | | | SACKS CEMENT | | | | |
| | | | | | | | | | | | |
| | | | | | | • | | | | | |
| | | | | | | | | | | | |
| V. TEST DATA AND REQUES OIL WELL (Test must be after t | | | | he equal to or | exceed top all | nuable for thi | e dansk or ha fi | e full 24 hour | • ì | | |
| Date First New Oil Run To Tank | Date of Tes | | iodis ou diaz musi | | ethod (Flow, pr | | | N Juli 24 Hour | 3.) | | |
| Length of Test | Tubing Pressure | | | Casing Press | 1re | | Choke Size | | | | |
| | | | | | | -T., 1. | Con MCE | | | | |
| Actual Prod. During Test | Oil - Bbls. | | | Water - Bbls. | | | Gas- MCF | | | | |
| GAS WELL | - ' - | | | | | | · | | J | | |
| Actual Prod. Test - MCF/D | Length of Test | | | Bbis. Condensate/MMCF | | | Gravity of Condensate | | | | |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | | | Casing Pressure (Shut-in) | | | Choke Size | | | | |
| VI. OPERATOR CERTIFIC | ATE OF | COMPL | IANCE | | | | 1 | | J | | |
| I hereby certify that the rules and regul | ations of the | Oil Conservat | tion | | DIL CON | | | | N | | |
| Division have been complied with and is true and complete to the best of my | | | EUV C | Doto | Annrous | d 01 | EC 2 2 1 | 993 | | | |
| V RODIO | , Q _o | | | Date | Approve | ·u | | ct II | | | |
| Signature K. R. Oberle, Coop | <u>~~~</u> | | <u> </u> | By_ | | | OK. DISTR | CICI ". | | | |
| K. R. Oberle, Coo: | rdinat | | rations ide | Tale | · « | UPERVIS | ٠ · · · · · · · · · · · · · · · · · · · | | | | |
| December 2, 1993 | (9 | | 8-1675 | Title | | <u>.</u> | | | | | |
| Date State | | T elebb | one No. | H | | | | | | | |

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.