

Appropriate District Office
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

Energy, Minerals and Natural Resources Department

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

RECEIVED

MAR 11 1992

See Instructions
at Bottom of Page

O. C. D.
OFFICE

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

Operator Phillips Petroleum Company		Well API No. 30-015-26815
Address 4001 Penbrook Street, Odessa, Texas 79762		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		
Change is Transporter of: Oil <input type="checkbox"/> Dry Gas <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 Molly State	Well No. 1	Pool Name, including Formation Lost Tank (Delaware)	Kind of Lease State, Federal or Other	Lease No. NM-V-3605
Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line Section 1 Township 22-S Range 31-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Phillips Petroleum Trucks	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Street, Odessa, Texas 79762				
Name of Authorized Transporter of Casinghead Gas GPM Gas Corporation	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4044 Penbrook Street, Odessa, Texas 79762				
If well produces oil or liquids, give location of tanks	Unit C	Sec. 1	Twp. 22-S	Rge. 31-E	Is gas actually connected? Yes	When? 3-7-92

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9-25-91	Date Compl. Ready to Prod. 11-16-91	Total Depth 8420'	P.B.T.D. 8374'					
Elevations (DF, RKB, RT, GR, etc.) 3570' GL	Name of Producing Formation Delaware	Top Oil/Gas Pay 7058	Tubing Depth 7050					
Perforations 7058-84'			Depth Casing Shoe 8420'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17-1/2"	CASING & TUBING SIZE 13-3/8"	DEPTH SET 866'	SACKS CEMENT 1300 sxs C					
12-1/2"	8-5/8"	4502'	2080 sxs C & PO Z					
7-7/8"	5-1/2"	8420'	880 sxs C					

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 11-16-91	Date of Test 11-22-91	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. 109	Water - Bbls. 182	Gas - MCF 110

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 - Supervisor Reg/Proration
Printed Name
3-9-91
Date
(915) 368-1488
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 13 1992

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.