

OIL CONSERVATION DIVISION

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

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NOV 18 1991

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA OFFICE

Operator Phillips Petroleum Company	Well API No. 30-015-26830
Address 4001 Penbrook Street, Room 331, Odessa, Texas	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Request to move 2000 bbls, to clear tanks prior to pontential	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Molly State	Well No. 2	Pool Name, Including Formation Livingston Ridge (Delaware)	Kind of Lease State, Federal or Fee	Lease No. NM-V-3605
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>1</u> Township <u>22-S</u> Range <u>31-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	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 <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, Tx 79999				
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Sec. <u>1</u>	Twp. <u>22S</u>	Rge. <u>31W</u>	Is gas actually connected? When ? <u>NO</u>

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 9-26-91	Date Compl. Ready to Prod. 11-7-91	Total Depth 8425'		P.B.T.D. 8346'				
Elevations (DF, RKB, RT, GR, etc.) 3568'	Name of Producing Formation Delaware	Top Oil/Gas Pay 7060'		Tubing Depth 8700'				
Perforations 7060, 7062, 7064, 7066, 7078, 7070, 7072, 7074, 7076, 7078, 7080, 7082, 7084, 7086, 7088, 7090, 7092, 7094, 7096, 7098, 7100', Total 21 shots		Depth Casing Shoe 8425'						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		863'		1289 sx Class "C"			
12-1/4"	8-5/8"		4500'		1735 sx Class "C"			
17-5"	13-3/8"		863'		540 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

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 Jay M. Sanders
Printed Name J. M. Sanders - Supervisor Reg/Proration
Date 11-14-91 Telephone No. 368-1488

OIL CONSERVATION DIVISION

Date Approved NOV 21 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.