DISTRICT

P.O. Box 2088

RECEIVED

F.O. Driver D	D, Archa, NM &	E210
DISTRICT III 1000 Rio Brazo	n Rd., Aziec, NM	87410

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

JAN	-	3	1991
~		v	1001

							7 447 33 4	<u>O. C</u>	A A B B B B B B B B B B		
Admos	PHILLIPS PETROLEUM COMPANY							Well APPRICESIA OFFIC: 30-015-26831			
4001 Penbrook	S+ 0d/	0003	Tava	s 7976							
rason(s) for Filing (Check proper box			- CAU			t (Please expl	oin)				
cw Wall		Change is	Tracq	porter of:	_	=	sting al	lowable			
ecompletica 🔲	Oil		Dry (L	of:	1890 B0					
hange in Operator	Casinghe	nd Cas	Cond	combe 📗							
change of operator give name d address of previous operator											
• •	LANDIE	ACE	1.	+ 7	- N						
. DESCRIPTION OF WELL ARRAN Name	L AND LE	Well No.		Name, Includi	AN/		Kind	Lesse	L	ease Na	
Molly State		3	+	ivingst	on Ridge	(Delay			NM -	V-3605	
ocation	660	^			_						
Unit Letter	:	U	_ Feat	Prom The	orth Line	and	.660 F •	et From The .	West	Line	
1 -	22-9	S	_	31-E			Eddy			County	
Section Town	<u>anip</u>		Rang	ŧ	, NA	IPM,				County	
I. DESIGNATION OF TRA	ANSPORTE	ER OF O	IL A	ND NATU	RAL GAS						
ame of Authorized Transporter of Oil	1 [XX]	or Conde			Address (Give		hich approved				
Phillips Pet.							St., OD				
lame of Authorized Transporter of Ca El Paso Natura	_	(V	or Di	y Gas 🗀			hich approved El Pas			(AL)	
well produces oil or liquids.	Unit	Sec.	Twa	Rec			When		13333		
ve location of tanks.	С	1	22	-S 31-E	Ň		<u>i</u>				
this production is commingled with the	hat from any of	her lease or	r pool, į	pive comming	ing order numb	er.					
V. COMPLETION DATA					·			· ·			
Designate Type of Completic	on - (X)	Oil Wel	X .	Ges Well	New Well	Workover	Despes	Plug Back	Same Res'v	Diff Res'v	
Nate Spudded		pl. Ready I	o Prod		Total Depth	L	<u></u>	P.B.T.D.	1,		
10/20/91		/ 10/91		-	l	8393			8340		
evations (DF, RKB, RT, GR, etc.)		Producing F	omali	08	Top Oil/Gas Pay			Tubing Depth			
3572.1' KB; 3557.1'	GU Dela	aware			7030	· · · · · · · · · · · · · · · · · · ·		704 Depth Casi			
7030'-7066'								Lepa Can	8393'		
		TUBING	. CAS	ING AND	CEMENTO	NG RECO	RD	<u>'</u>	0030		
HOLE SIZE	CA	ISING & T		SIZE		DEPTH SE			SACKS CEN	RENT	
17-1/2"		13-3/8"		8421			500 sk C & 200 C Neat				
12-1/4"		8-5/8"		4230'				k PO Z &			
7-7/8"		5-1/2"			839				C 1st s		
TEST DATA AND REQU		2-7/8"	ADI	F	704	1'		V55 C	2nd stag	<u>je</u>	
IL WELL (Test must be often					he equal to or	exceed top at	Ionable for th	is death or be	for full 24 ho	ws.)	
nte First New Oil Run To Tank	Date of To		,				pump, gas lift,		Post	110-2	
12/ 10/91	13	12/16/91		Pumping				1-10-92			
ength of Test	Tubing Pr	Tubing Pressure		Casing Pressure			Choke Siz	Choke Size Comp & BK			
24 hrs.								Gas-MCF		·	
ctual Prod. During Test	Oil - Bbis	Oil - Bbis. 90		Water - Bbls. 100			81				
NA O TITOL I					1			1			
GAS WELL countries - MCF/D	Tanah a	Tax			Ibble Conde	ento ALOVA TE		TCover of	Condensate		
	La ligar G	Length of Test		Bbls. Condenmie/MMCF			Gravity of Condensate				
sting Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size				
L OPERATOR CERTIF	TCATE O	E COM	DI I A	NCE							
I hereby certify that the rules and re						OD LIC	NSERV	ATION	DIVISI	ON	
Division have been complied with and that the information given above		44ALST 0.4000									
is true and complete to the best of n					Date	Approv	ed	JAN	3 1992		
	1				Jane						
In (X =	00 1/11				11 _	OF	RIGINAL S	SIGNED I	3Y		
In Da	Cupain	<u> </u>			Rv		MIKE WILLIAMS				
Signature L. M. Sanders	Superv Regula	visor, ation	& Pr	oration	By_	M	KE WILL				
L. M. Sanders	• Regula	ation	Title			M St				· ·	
L. M. Sanders	• Regula	ation 68-148	Title	.	By_ Title	M St	KE WILL				

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.