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

State of New Mexico ergy, Minerals and Natural Resources Departs.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEIVE Project 1-1-89
See Instructions at Bottom of Particular Project 1-1-89

MAY 1 2 1992 O. C. D.

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TA	NSP	ORT OIL	AND NA	TURAL GA					
Operator				API No.							
PHILLIPS PETROLEUM COMPANY /						30-015-26904					
Address 4001 Penbrook St.,	0dessa	, Texa	s 7	9762							
Reason(s) for Filing (Check proper box) Other (Please explain)											
New Well XX	03	Change in	-								
Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate											
If change of operator give name			00200		-,- ,,		- , - · ·		<u></u>		
and address of previous operator		· · · · · · · · · · · · · · · · · · ·									
II. DESCRIPTION OF WELL	AND LE								 		
Lease Name James E		Well No.			ing Formation		1	of Lease Federal or Fee		ease No.	
James E 6 Cabin Lake (Delaware) State, Federal or Fee NM 0479142											
Unit Letter I : 1980' Feet From The South Line and 1980' Feet From The East Line											
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 or Condensate Address (Give address to which approved copy of this form is to be sent)											
PHILLIPS PETROLEUM Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)										
El Paso Natural Gas	-	XX	or Dry		P.O. Box 1492, E1 Pasc						
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually		When		***	ROW from	
give location of tanks.	В	11	22	30	No		BLM	& gas fl	-		
If this production is commingled with that t	from any oth	er lease or	pool, giv	ve comming!	ing order numb	er:					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	D	Diver Death 1	D	loser nosts	
Designate Type of Completion	- (X)	xx	- ['	Gas Well	New Well	workover	Deepen	Plug Back	same Kes v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			·	Total Depth			P.B.T.D.			
12/15/91	2/24/92				7560 '			7517'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
DF 3228', 3217' GR Perforations 7284', 7290', 7	Delaware 7296', 7302', 7308', 731				72841			7385'	7385 Depth Casing Shoe		
7332', 7338', 7344'			,	7560'							
7332 , 7338 , 7344	NG RECOR	D	1 7300								
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			S	SACKS CEMENT		
17-1/2"	13-3/8"				470'			800 sk C			
12-1/4"		8-5/8"			3500*			1650 sk C			
7-7/8"	5-1/2"				7560'			1150 sk C. H & Neat			
2-7/8" 7385' V. TEST DATA AND REQUEST FOR ALLOWABLE											
OIL WELL (Test must be after re				oil and must	be equal to or	exceed top allo	wable for this	depth or be fo	r full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te				-	thod (Flow, pu	mp, gas lift, e	tc.)	Post	110-2	
2/24/92	4/21/92			Pumping			Choke Size roun & BR				
Length of Test 24 hrs.	Tubing Pre	STLER.			Casing Pressu	re .		Choice Size	Spil	p x will	
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
	9				189			24			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
	75 C - 1				Color Branco (Churcha)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC				ICE		OIL CON	ISERV	ATION [אואופור		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above							IOLI (V)			<i>7</i> 1 1	
is true and complete to the best of my knowledge and belief.					Date	Approve	4	MAY 2	g 1992		
(0.1/N 100 - /						Approved	-				
Supervisor By ORIGINAL SIGN								SIGNED R	Y		
Supervisor, L. M. Sanders, Regulation & Proration					MIKE WILLIAMS						
Printed Name Title					Title SUPERVISOR, DISTRICT !?						
5/11/92 (915) 368-1667 Date Telephone No.								b 174			
		1616	N seout	₩.][

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.