

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Phillips Petroleum Company	Well API No. 30-015-27617
Address 4001 Penbrook St., Odessa, Texas 79762	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <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 Christopher "31" Fed.	Well No. 2	Pool Name, Including Formation West Sand Dunes Delaware	Kind of Lease State, Federal or or	Lease No. NM-0546732-A
Location				
Unit Letter H	1980	Feet From The North Line and 330	Feet From The East Line	
Section 31	Township 23-S	Range 31-E	NMPM, Eddy	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 Co. (Trucks)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 791, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Services Company	Address (Give address to which approved copy of this form is to be sent) 4044 Penbrook St., Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	H	31	23S	31E	No	

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 9/5/93	Date Compl. Ready to Prod. 10/11/93		Total Depth 8060'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3366' DF; 3355' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7848'		Tubing Depth 6140'			
Perforations 7848'-7890'					Depth Casing Shoe 8060			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	705'	750 sx 'C'
12-1/4"	8-5/8"	4120'	1700 sx 'C'
7-7/8"	5-1/2"	8060'	400 sx 'C'
2nd stage:			250 sx 'C' 65/35 poz & 630 sx '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 10/15/93	Date of Test 11/26/93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size Post TD-2 3-4-94 comp & BH
Actual Prod. During Test	Oil - Bbls. 40	Water - Bbls. 163	Gas - MCF 30

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.

L.M. Sanders

Signature **L. M. Sanders** Supv., Reg. Affairs

Printed Name **11/29/93** Title **915/368-1488**

Date **11/29/93** Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 31 1993**

By *M. Morgan*

Title **SS**

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.