

Subrait 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 State of New Mexico RECEIVED Energy, Minerals and Natural Resources Department See Instructions at Bottom of Page OIL CONSERVATION DIVISION DISTRICT II
P.O. Drawer DD, Artesia, NM 88210 AUG 31 39 MECENAE P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 . REQUEST FOR ALLOWABLE AND AUTHORIZATION AUG 2 8 1989 TRANSPORT OIL AND NATURAL GAS 3000562653 CONSERVATION DIV. Operator Well API No. Pacific Enterprises Oil Company (USA) SANTA FE Address P.O. Box 3083, Midland, Texas 79702 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of:  $\mathbf{x}$ Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Lease Name Kind of Lease Lease No. Terra 35 State State Federal or Fee Foor Ranch Wolfcamp Location 1980 Feet From The North Line and 660 East Unit Letter \_ Feet From The 35 Township 9S 26E Range , NMPM 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 Company-4001 Penbrook, Odessa, Texas 79762 -Truck Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) Transwestern Pipeline Co. P.O. Box 1188, Houston, Texas 77251 If well produces oil or liquids, Unit Sec. Twp. Rge. When? Is gas actually connected? give location of tanks. 7/24/89 1 H 35 ] 9S 26E Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen | Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 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 Choke Size Tubing Pressure Casing Pressure Actual Prod. During Test Water - Bbls. Gas- MCF Oil - Bbls. **GAS WELL** 

Date

Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, 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 Carl D. Elliott District Accountant Printed Name 1989 August (915)684-3861

## OIL CONSERVATION DIVISION

AUG 3 1 1989 Date Approved \_ By \_\_\_ ORIGINAL SIGNED BY MIKE WILLIAMS

SUPERVISOR, DISTRICT IT

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.

·Title\_

All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 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.

RECEIVED

**AUG 8** 0 1989

OCD MOBBS OFFICE