

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

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

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

RECEIVED

FEB 11 1992

*Handwritten:* DISTRICT II

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

O. C. D.  
ARTESIA OFFICE

Operator PHILLIPS PETROLEUM COMPANY ✓	Well APN No. 30-015-26645
Address 4001 Penbrook St., Odessa, Texas 79762	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____ CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>5/2/92</u> UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name James E Fed	Well No. 13	Pool Name, including Formation Cabin Lake (Delaware)	Kind of Lease State, Federal or Fee	Lease No. NM 0479142
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>N</u> Line and <u>660</u> Feet From The <u>W</u> Line Section <u>12</u> Township <u>22-S</u> Range <u>30-E</u> , <u>NMPM</u> , Eddy County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil or Condensate Phillips Petroleum Company - Trucks <input checked="" type="checkbox"/>	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 or Dry Gas El Paso Natural Gas Co. <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso 79999
If well produces oil or liquids, give location of tanks. Unit <u>E</u> Sec. <u>12</u> Twp. <u>22S</u> Rge. <u>30E</u>	Is gas actually connected? <u>No</u> When? Waiting on Connection

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
X	X		X					
Date Spudded 11/3/91	Date Compl. Ready to Prod. 1/19/92	Total Depth 7640'		P.B.T.D. 7640'				
Elevations (DF, RKB, RT, GR, etc.) 3310' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 7334'		Tubing Depth 7479'				
Perforations 7334'-7450' Delaware			Depth Casing Shoe 7640'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
17-1/2"	13-3/8"		480'			800 sk C		
12-1/4"	8-5/8"		3700'			1700 sk C		
7-7/8"	5-1/2"		7640'			350 sk C 1st stage &		
	2-7/8"		7479'			600 sk C & neat 2nd sta		

**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 1/19/92	Date of Test 1/30/92	Producing Method (Flow, pump, gas lift, etc.) pumping	<i>Post ID-2</i>
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size <i>3-6-92</i> <i>comp &amp; BR</i>
Actual Prod. During Test	Oil - Bbls. 87	Water - Bbls. 250	Gas - MCF 127

**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 L. M. Sanders Supervisor, Regulation & Proration  
Printed Name L. M. Sanders Title (915) 368-1667  
Date 2/7/92 Telephone No. \_\_\_\_\_

**OIL CONSERVATION DIVISION**

Date Approved FEB 28 1992

By ORIGINAL SIGNED BY MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.