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

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

## OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRANS	SPORT OIL	AND NA	TURAL G	AS				
Operator	· · · · · · · · · · · · · · · · · · ·						API No.			
J.P.H. Oil Producer	30-025-23505									
Address										
c/o Oil Reports & C		ces Inc.	, P. O. B		Hobbs Ni et (Please expl				<del></del>	
Reason(s) for Filing (Check proper box New Well		Change in Tra	neporter of:		et (Lieuse exp	аи)				
Recompletion	Oil	☑ Dr								
Change in Operator	Casinghead	,	ndensate	Ef	fective	12/1/93				
If change of operator give name										
and address of previous operator	<u>, , , , , , , , , , , , , , , , , , , </u>								<del></del>	
II. DESCRIPTION OF WEL	L AND LEA	SE								
Lease Name		Well No. Po	No. Pool Name, Including Formation			J *	of Lease	L	Lease No.	
Amerada Federal	Amerada Federal 1 North Bagl				ey, Permo Penn			deral NM0556674		
Location Unit LetterM	: <u></u>	660Fe	et From The _S	outh Lie	e and <u>510</u>	Fe	et From The	West	Line	
Section 3 Town	ıship 12	S Ra	nge 33E	E ,N	MPM, Le	ea			County	
THE DESIGNATION OF THE	NODODO	00001	A B DPS B LA PRIET	D.4.7. G.4.6.						
III. DESIGNATION OF TRA  Name of Authorized Transporter of Oi		or Condensate			e addressia w	hich approved	copy of this f	orm is to be s	ent)	
Phillips Petroleum	 ح	Address (Give address to which approved copy of this form is to be sent)								
Name of Authorized Transporter of Ca	Bartlesville, OK 74004  Address (Give address to which approved copy of this form is to be sent)									
Warren Petroleum Co	P.O. Box 1589, Tulsa, OK 74102									
If well produces oil or liquids, Unit Sec. Twp.				Is gas actually connected? When ?						
give location of tanks.	М	<u>3   1</u>	25 33E	Ye	s		?			
If this production is commingled with to IV. COMPLETION DATA	nat from any other			ing order num						
Designate Type of Completic	on - (X)	Oil Well	Gas Well	New Well	Workover	Decpen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	ate Spudded Date Compi. Ready to Prod.				Total Depth					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Pay		Tubing Dep	Tubing Depth		
Perforations							Depth Casing Shoe			
		TIDDIC C	CDIC AND	CELCENTE	NC DECOR	<u> </u>	<u> </u>			
<u></u>				CEMENTING RECORD DEPTH SET			T	SACKS CEMENT		
HOLE SIZE	CAS	CASING & TUBING SIZE			DEF IN GET			OAORO OLMENT		
							·			
			- <del></del>				1			
			**							
V. TEST DATA AND REQU	EST FOR A	LLOWAB	LE							
OIL WELL (Test must be afi	er recovery of tol	al volume of le	oad oil and must					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)									
Length of Test	This is a face			Casing Press	ure .		Choke Size	···		
renkni or rest	i uping Pres	Tubing Pressure			Custage 1 10000110					
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas- MCF		
GAS WELL				<u> </u>						
Actual Prod. Test - MCF/D	Length of T	cst		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
- " ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '										
VI. OPERATOR CERTIF					OIL CON	UCEDV	ΔΤΙΩΝΙ	חואופור	M	
I hereby certify that the rules and re						AOEUA	ALION	אוטועועו	<b>/14</b>	
Division have been complied with a is true and complete to the best of a			bove			(1)	(6.95	\$0 <b>02</b>		
_ //	/) - /) - /	ng opilel.		Date	Approve	ed	023	1333		
/ Orin Ho	Elle	ι								
Signature		.—	· · · · · · · · · · · · · · · · · · ·	By_	0	RIGINAL SI			TON	
Laren Holler			ent			DIST	HCT I SUPE	ervisor		
Printed Name	(EDE) 200		Lie	Title	·					
12/21/93 Date	<u>(505) 393</u> -	-2727 Telepho	ne No							

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.