

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page  
RECEIVED  
FEB 24 1993  
O. C. D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Phillips Petroleum Company		Well API No. 30-005-2052700 ✓
Address 4001 Penbrook, Odessa, Texas 79762		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) Change Oxy Cities Service NGL, Inc. to Trident NGL, Inc.		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Davis - N	Well No. 3	Pool Name, Including Formation Chaveroo-San Andres	Kind of Lease <input checked="" type="checkbox"/> State, <input type="checkbox"/> Federal or <input type="checkbox"/> Mex	NM Lease No. 0174830
Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line Section 18 Township 8S Range 33E, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Mobil Pipeline Company	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 9 Greenway Plaza, Suite 2700, Houston, Tx 77046
Name of Authorized Transporter of Casinghead Gas Trident NGL, Inc.	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 9359, The Woodlands, Tx 77387
If well produces oil or liquids, give location of tanks.	Unit F Sec. 18 Twp. 8S Rge. 33E	Is gas actually connected? Yes When? 8/91
If this production is commingled with that from any other lease or pool, give commingling order number.		

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

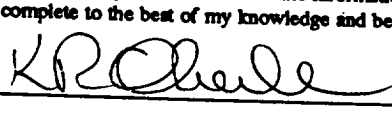
TEST DATA AND REQUEST FOR ALLOWABLE

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
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Tubing Pressure
	Casing Pressure
	Choke Size
	Oil - Bbls.
	Water - Bbls.
	Gas - MCF

Gas Well	
Actual Prod. Test - MCF/D	Length of Test
Testing Method (pilot, back pr.)	Bbls. Condensate/MMCF
	Gravity of Condensate
	Tubing Pressure (Shut-in)
	Casing Pressure (Shut-in)
	Choke Size

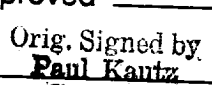
VI. OPERATOR CERTIFICATE OF COMPLIANCE

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  
K.R. Oberle, Coordinator Finance & Operations  
Printed Name  
2/22/93 (915) 368-1675  
Date  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 02 1993

By   
Orig. Signed by  
Paul Kantz  
Geologist  
Title

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.