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

## State of New Mexico gy, Minerals and Natural Resources Departm

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

Santa Fe, N

DISTRICT III

1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALL

REQUEST FOR ALLOWABLE AND AUTHORIZATION

		<u>IO IHA</u>	NSPC	IN OIL	- AND NA	TURAL G			-		
Operator  Jack L. Phillips							Well	Vell API No. 30-005-20888			
Address	adewate	er, TX	7564	.7							
Reason(s) for Filing (Check proper box)		-,			Oth	et (Please expl	ain)				
New Well		Change in	Transport	ter of:		Initial	•	ion from	ı well wl	nich '	
Recompletion	Oil Dry Gas has been closed in for 9 years.										
Change in Operator	Casinghead	_	Condens						•		
If change of operator give name and address of previous operator											
•	ANID T TA	CE				0 1.	(	X 4 1 1	$\mathcal{X}$		
II. DESCRIPTION OF WELL Lease Name		ing Formation	809	80 Kind	of Lease (Federal or Fe	1 -	ease No.				
Isler Federal Location		4	Mar	ıy Gat	es (Morr			Turning I.	<u>*   NM−0.</u>	55564	
Unit LetterO	it Letter 0 : 660 Feet From The South						h Line and 1980 Feet From The East Line				
Section 30 Township 9S Range 30E , NMPM, Chaves County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate X Address (Give address to which approved copy of this form is to be sent)											
Scurlock Permian Co	P.O. Box 4648, Houston, TX 77210  Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casing			or Dry G	ias 🔙						ent) 77002	
Shoreham Pipeline (	ine company									77002	
If well produces oil or liquids, give location of tanks.				Rge.   30E	Is gas actually connected? When Yes			1/20/93			
If this production is commingled with that i				<u> </u>	<u> </u>		PLC - 9				
IV. COMPLETION DATA	ion my our	, radio or p	ou, <sub>6</sub> , , ,								
Designate Type of Completion	- (X)	Oil Well	Ga	is Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi		L Prod.	41	Total Depth		<u> </u>	P.B.T.D.	1,		
10/20/82	1/18/83				10,000				9900'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
4061 RKB	Morrow Sand				8924 '			8860			
Perforations 8924-9410					<u> </u>			Depth Casir	Depth Casing Shoe 9999		
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
17 1/2"	13 3/8"				411'			500			
11"	8 5/8"				3508			1405			
7 7/8"	5 1/2"				9999				1825		
V. TEST DATA AND REQUES											
OIL WELL (Test must be after re	7		f load oil	and must					for full 24 hou	rs.)	
Late First New Oil Rull 10 Talls	New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)				
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	<u> </u>								<del>-</del>		
Actual Prod. Test - MCF/D	Length of T	est	<del></del>		Bbis. Condens	sate/MMCF		Gravity of C	Condensate ::		
320	11 Hrs			-0-							
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
Metered to P.L. @ 600#	2525				-0-				20/64		
VI. OPERATOR CERTIFICATE OF COMPLIANCE						··-		-d			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date ApprovedFEB_02_1993						
Dack Thelly					OBICIALA CIDAIGN THE CONTRACT						
Signature Jack L. Phillips Operator					By BRINGS STREET SECTION						
Printed Name 1-27-93	903,	/845 <mark>-</mark> 21			Title.	<del></del>					
Date			hone 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.