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State of New Mexico Energy, Minerals and Natural Resources Department

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Form C-104 Revised 1-1-89 See Instruction FEB 2 4 1993

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088 RECUEST FOR ALLOWARIE AND AUTUO 0. C. D.

<u>I.</u>	TILO	TOTA	IANS	PORT O	I AND N	ATURAL		ZATION					
Operator	Company								API No.				
Address Petroleum C	Phillips Petroleum Company Tress									005-2104200			
4001 Penbrook, Odess	sa, Texa	s 79	762										
Reason(s) for Filing (Check proper box)					0	ther (Please	explai	in)					
New Well Recompletion	Change in Transporter of: Oil Dry Gas Change Oxy Cities Service NGL, Inc.												
Change in Operator	Casinghea	L od Gas √		Gas	to	Trident	t No	GL. In	Service	NGL, III	C.		
If change of operator give name and address of previous operator						-							
·	4377.5												
II. DESCRIPTION OF WELL Lease Name	Well No. Pool Name, Inclu					ding Engaging				T NIM			
Davis - N	7 Tobac (P							of Lease No. Pederal or Res. 0174830					
Location	105	^				*					174030		
Unit Letter	_ :185	0	_ Feet	From The _	South L	ne and66	50 ·	F	et From The	East	Line		
Section 18 Townsh	ip 8S		Rang	• 33E	. 1	IMPM.	Chav	ves			_		
											County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	OF Conde		ND NATU	RAL GAS								
Phillips Petroleum Company Trucks						Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762							
Name of Authorized Transporter of Casin	porter of Casinghead Gas or Dry Gas			Address (Give address to which approved				copy of this form is to be sent)					
Trident NGL Inc. If well produces oil or liquids,	Unit	Sec.	120-		P.O. BO	x 9359,	Tr	<u>ne Wood</u>	llands,	Tx 77387	7		
give location of tanks.	II	18	Twp. 188	Rge. 33E	Is gas actual Ye		?	When	? 8/91				
If this production is commingled with that	from any other			ive comming	ling order nun	nber:			,, , , ,				
IV. COMPLETION DATA													
Designate Type of Completion	- (X)	Oil Well	· [Gas Well	New Well	Workoves	.	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Comp	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	L			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay								
					Top Old Oak Tay				Tubing Depth				
Perforations									Depth Casin	g Shoe			
······································		IIBING	CAS	INIC ANTO	CTEA CEA ITEM	NO 5500							
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET				SACKO OSMENE			
					52.111.02.1				SACKS CEMENT				
									<u> </u>				
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A	LLOW	ABLE										
Date First New Oil Run To Tank Date of Test Date of Test						be equal to or exceed top allowable for this depth or be for full 24 hours.)							
	Producing Method (Flow, pump, gas lift, etc.)												
ength of Test	Tubing Pressure					Casing Pressure				Choke Size			
Actual Prod. During Test	Prod. During Test Oil - Bbls.				Water - Bbls.				C 1/05				
	Wasi - Boil				Gas- MCF								
GAS WELL													
Actual Prod. Test - MCF/D	Length of Te	est			Bbls. Conden	sate/MMCF			Gravity of C	ondensate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)								
									Choke Size				
I. OPERATOR CERTIFICA	ATE OF (COMP	LIAN	ICE									
I hereby certify that the rules and regular Division have been complied with and the	tions of the Oi	il Conserv	retion			DIL CO	NS	ERVA	TION [DIVISIO	N		
is true and complete to the best of my kr	ist the information and income in the information i	ation give belief.	n above	•		_							
1/PCD - 00										0 2 1993			
Signature					Orig. Signed by								
K. R. Oberle, Coordinator Finance & Operation					By Paul Kautz								
Printed Name 2/22/93 (915) 3	368-1675		Title		Title			-					
Date (913) 3	<u> 1075</u>		hone N	o.									
		_											

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.