See Instructions
at Bottom of Page

DISTRICT # P.O. Drawer DD, Arceia, NM \$2210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		IOIR	ANSP	OHI OII	L AND NA	TUHAL G					
	illips Petroleum Company							Well API No.			
Address				30-025-01831							
4001 Penbrook Street,	Odessa,	Texa	s 79	9762 At	tn: Regu	lation &	Prorat	ifon			
Resson(s) for Filing (Check proper box)						et (Please expl					
New Well		Change i	•			•	•		:		
Recompletion Change in Operator	Oil		Dry G								
If change of operator give name	Casingher	d Gas L	Conde	2 mts							
and address of previous operator Exx	on Corp	orati	on, P	. O. B	ox 1600,	Midland	l, Texas	79705-	1600		
IL DESCRIPTION OF WELL											
Lease Name	INID DE		Pool N	iama, Inchyl	ing Formation	·	Y'ad	d Less			
South Four Lakes Unit 1 Four Lake								Cind of Lease No. Ruse, Football of Foe E-2064			
Location						· · · · · · · · · · · · · · · · · · ·					
Unit Letter B	_ : 6	60	_ Peat P	rom The	North Line	1	980	et From The	East		
2 -	10.0							ct 1/003 1135		Line	
Section 2 Townshi	12-S		Ringe	34-E	, NA	ирм,	Lea			County	
III. DESIGNATION OF TRAN	SDAD TE	D 0P 0	ATE AN	III NA AMMA	D. 1. C. 1.						
Name of Authorized Transporter of Oil		or Coode	TIL AN	D KY I O		e altres to w	hick co	name afabis fi			
Amoco Pipeline					Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give	e address to w	hich approved	copy of this fo	rm is to be a	ent)	
Warren Petroleum									ory of the joint of the sent)		
if well produces oil or liquids, rive location of tanks.	Unit	Sec.	Twp	Rge.	is gas actually	connected?	When	7			
			1		<u> </u>		L_				
If this production is commingled with that IV. COMPLETION DATA	irom any ou	er lease or	r pool, gi	ve comming	ing order numb	xer:					
		Oil Wel		Gas Well	New Well	Workover	Donne) m b)			
Designate Type of Completion	- (X)	i			1.40.4 11.61	MOILOVEI	Docpea	Plug Back	27UDS KSEA	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth		<u> </u>	P.B.T.D.		<u> </u>	
					T. A123						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforstions					<u> </u>			Depth Casing Shoe			
								Debu Crain	2006		
	T	UBING.	. CASI	NG AND	CEMENTIN	YG RECOR	D	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
HOLE SIZE		SING & TI			DEPTH SET			SACKS CEMENT			
										· · · · · · · · · · · · · · · · · · ·	
	 		·		 			ļ <u>.</u> .			
V. TEST DATA AND REQUES	T FOR A	LLOW	ARLE		L			l			
					be equal to or	exceed too ell.	avaNe for thi	e dowb oo bo G	~ 6./1 2./ b.~	ì	
Date First New Oil Run To Tank	 	the equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)									
ragin of Test Tubing Pressure					Casing Pressu	ize .		Choke Size			
Actual Prod. During Test	Oil - Bbla				Water - Bbis			Gas- MCF			
Ou + Boig.					Water - Dorr			OB- NICE			
GAS WELL	1				1			1			
Actual Prod. Test - MCF/D	Length of	Cest			Bbls Conden	mic/MA/T		(Carrier of A	ander		
					Bbla. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-ia)			Choke Size			
	<u></u>]						
VL OPERATOR CERTIFICA				NCE							
I hereby certify that the rules and regula	tions of the	Oil Conses	rvatios		(DIL CON	NSERV	ATION [DIVISIO	N	
Division have been complied with and to is true and complete to the best of my k	nat the infor nowledge an	mation giv d belief	rea above	•			Į.a		اكنايا		
		1 /1			Date	Approve	d	Š.	עננו		
Moderat	bus V	In	-								
Signature	71				By_					, ÷1	
L. M. Sanders Supv.	, Reg.	& Pro		on			्राष्ट्राच्या व्यक्त		, 1		
December 14, 1990		(915)	Title 368-1	1488	Title.						
Date	· · · · · · · · · · · · · · · · · · ·		ephone N		II						

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.