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

P.O. Drawer DD, Artesia, NN: 88210

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-025-23736 J.P.H. Oil Producers Address c/o Oil Reports & Gas Services Inc., P. O. Box 755, Hobbs NM 88241 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Dry Gas Oil Recompletion Effective 12/1/93 Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. Pool Name, Including Formation Lease Name North Bagley, Permo Penn Huber A Location 660 Feet From The North Line and 1980 Feet From The West County 12S 33E____ , NMPM, Lea Township Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate XX Bartlesville, OK 74004 Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent) or Dry Gas [Name of Authorized Transporter of Casinghead Gas XX 01D P.O. Box 1589, Tulsa, OK 74102 Warren Petroleum Company When? is gas actually connected? If well produces oil or liquids, Sec. Rgc. give location of tanks. 9 C n/a If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen | Plug Back | Same Res'v Diff Res'v New Well Workover Gas Well Oil Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Spudded Date Compl. Ready to Prod. Top Oil/Gas Pay Name of Producing Formation Tubing Depth Elevations (DF, RKB, RT, G?, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD CASING & TUBING SIZE SACKS CEMENT **DEPTH SET** HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Casing Pressure Choke Size Length of Test Tubing Pressure Gas- MCF Water - Bbis. Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Testing Method (puot, back x.) Casing Pressure (Shut-in) Tubing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

303-2727

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

Date

Printed Name

Laren Holler

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111

Title.

Date Approved

OIL CONSERVATION DIVISION

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

DEC 23 1993

2) All sections of this form must be filled out for allowable on new and recompleted wells.

<u>Agent</u>

Title

Telephone No.

- 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.