Appropriate District Office DISTRICT P.O. Box 1960, Hobbs, NM 88240	ergy, Minerals and Natural Resources Departs							See Instructions at Bottom of Page			
DISTRICT # P.O. Drawer DD, Astesia, NM \$8210				P.O. Bo			N		M Bolla	m of Page	
DISTRICT III Santa Fe, New Mexico 87504-2088 1000 Rio Brazos Rd., Aztor, NM 87410											
L REQUEST FOR ALLOWABLE AND AUTHORIZATION											
Operator Phillips Detrolour Com								API No.			
Phillips Petroleum Com Address	pany										
4001 Penbrook Street, Odessa, Texas 79762 Attn: Regulation & Proration Resson(s) for Filing (Check proper box) Other (Please explain)											
New Well Change is Transporter of: Recompletion Oil Dry Ges											
Change in Operator	Casinghead Gas Condensate										
M change of openior give sameExxon Corporation, P. O. Box 1600, Midland, Texas 79705-1600											
IL DESCRIPTION OF WELL AND LEASE											
Lease Name	UND LE	Well No. Pool Name, Including Formation Kind of Lease							<u> </u>	ase No.	
South Four Lakes Unit						s-Devonian					
Unit Letter A : 660 Feet From The North Line and 990. Feet From The East Line											
Unit LetterA	.:		. Feet Pro	in The	Line	and	<u></u> F	ect From The	East	Line	
Section 2 Township	<u>12-S</u>		Range	<u>34-e</u>	, NM	PM	Lea			County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil		or Coeder				address to w	hich approve	copy of this form	is to be se	A()	
Amoco Pipeline				Address (Give address to which approved copy of this form is to be sent)							
Name of Authonized Transporter of Casing Warren Petroleum	head Gag		or Dry (Gas 🖂	Address (Give	oddress to w	hick approve	l copy of this form	is to be se	N)	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge	is gas actually	connected?	Whe	17			
pive location of tanks.	l	i	I	1							
If this production is commingled with that f IV. COMPLETION DATA	rom any ou	her lease or	pool, give	e comming!	iag order sumb	er		·····			
Designate Type of Completion	(X)	Oil Well	0	as Well	New Well	Workover	Deepes	Plug Back Sa	me Res'v	Diff Res'v	
Date Spation	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Ol/Ges Pay						
								Tubing Depth	Tubing Depth		
Perforations								Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								+	<u>}</u>		
V. TEST DATA AND REQUES OIL WELL (Test must be after re								-*		J	
Date First New Oil Rua To Tank	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.)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bols.			Gas-MCF	Cas- MCF			
	L		<u> </u>								
GAS WELL	I and of	Ter									
New FIGE TOR - NO.TH	reagan or	Leagth of Test				ate/MMCF		Gravity of Cos	Gravity of Condensate		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	Choke Size			
						. <u></u>					
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved						
$L_{\rm H}$ $L_{\rm h}$ $\Delta_{\rm h}$					Date	Approv	be	<u> </u>	11	<u> </u>	
I'm Aulen Iby In											
L. M. Sanders Supv., Reg. & Proration						By					
Printed Name Title Title											
December 14, 1990 Date			368-1 phone N								
					11			•			

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 Request for allowable for newly drilled or deepened well must be accompanied by tabulation or deviation lesis taken in a with Rule 111.
 All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filled for each pool in multiply completed wells.