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

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| I. | 7 | O TRA | NSF | PORT OIL | <u>- AND NA'</u> | TURAL G | | ell API No. | | | |
|--|--|--|---------|----------------|--|---------------------------------|------------|----------------------|----------------------------------|-----------------|--|
| EP Operating Company | | | | | | | | | 30-041-20482 | | |
| Address 6 Desta Drive, Suite 5250, Midland, TX 79705-5510 | | | | | | | | | | | |
| Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Report Commingled Production | | | | | | | | | | | |
| New Well | | Change in | | _ | - | | - 4 | | | İ | |
| Recompletion 🔼 | Oil | | Dry (| | So. | Leters | m Re | no asso | e. 1 | | |
| Recompletion Oil Dry Gas Solution Casage of Condensate Solution Survey Survey Plant Casage of Condensate Solution Survey Survey Plant Casage of Condensate Solution Survey Survey Plant Casage of Condensate Solution Survey Surve | | | | | | | | | | | |
| If change of operator give name and address of previous operator | | | | | | | | | | | |
| II. DESCRIPTION OF WELL AND LEASE | | | | | | | | | | | |
| Lease Name | | Well No. | Pool | Name, Includi | ing Formation | 7 // | / Ki | nd of Lease | L | ease No. | |
| Lambirth Location | Well No. Pool Name, Including Formation 2 7 South Peterson Penns Assoc. Kind of Lease Lease No. Swa Zadmine Fee | | | | | | | | | | |
| Unit Letter P : 660 Feet From The East Line and 510 Feet From The South Line | | | | | | | | | | | |
| Section 30 Township 5S Range 33E , NMPM, Roosevelt County | | | | | | | | | | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Tondensate Address (Give address to which approved copy of this form is to be sent) | | | | | | | | | | | |
| Name of Authorized Transporter of Oil | Address (Giv | Address (Give address to which approved copy of this form is to be sent) | | | | | | | | | |
| Phillips Petroleum Company - Trucks | | | | | | 4001 Penbrook, Odessa, TX 79762 | | | | | |
| Name of Authorized Transporter of Casinghead Gas | | | | | | | | | copy of this form is to be sent) | | |
| | ities Service Company Oxy USA Inc | | | | | | | | Milnesand,NM 88125 | | |
| If well produces oil or liquids, | Unit Sec. Twp. Rge. | | | | Is gas actually connected? When | | | | ? | | |
| give location of tanks. | K | 31 | _5s | 1 | Y e | | | 6/16/79 | | | |
| If this production is commingled with that from any other lease or pool, give commingling order number: DHC-756 IV. COMPLETION DATA | | | | | | | | | | | |
| Designate Type of Completion - | · (X) | Oil Well | 1 | Gas Well | New Well | Workover X | Deeper | n Plug Back S | ame Res'v X | Diff Res'v X | |
| Date Spudded | Date Compl | . Ready to | Prod. | | Total Depth | | | P.B.T.D. | (Comm | ingled) | |
| 3/13/90 (Recompletion) | , | | | | 7872 ' | | | 7800 | 7800' | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | | Top Oil/Gas Pay | | | Tubing Depth | Tubing Depth | | |
| 4376.5' GR | , · | | | | 7826'(Fuss)/7628'(Penn) | | | | | | |
| Perforations | | | | | | | | Depth Casing | Depth Casing Shoe | | |
| 7826'-29' (Fusselman)/7628'-7718' (Penn. Assoc | | | | | | | | 7858 | 7858' | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | | DEPTH SET | | | SA | SACKS CEMENT | | |
| 17-1/2" | 13-3/8" | | | | 358' | | | 300 sx. | 300 sx. Circulated | | |
| 12-1/4" | 8-5/8" | | | 1991' | | | 750 sx. | 750 sx. Circulated | | | |
| 7-7/8" | 5-1/2" | | | 7858 | | | | 450 sx. | | | |
| | 2-3/8" | | | | 7838' | | | | | | |
| V. TEST DATA AND REQUEST FOR ALLOWABLE | | | | | | | | | | | |
| OIL WELL (Test must be after re | covery of tole | al volume d | of load | l oil and must | be equal to or | exceed top all | owable for | this depth or be for | full 24 how | ·s.) | |
| Date First New Oil Run To Tank | | Producing Method (Flow, pump, gas lift, etc.) | | | | | | | | | |
| 4/24/90 | 5/4/90 | | | | Pump | | | | | | |
| Length of Test | Tubing Pressure | | | | Casing Pressure | | | Choke Size | Choke Size | | |
| 24 hours | 30# | | | | 30# | | | | Non- | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - Bbls. | | | Gas- MCF | Gas- MCF | | |
| | 0.5(Penn)/1.5(Fuss) | | | | 18(Penn)/54(Fuss) | | | 3(Penn)/ | 3(Penn)/15(Fuss) | | |
| GAS WELL | | | • | • | | | | | | | |
| Actual Prod. Test - MCF/D | Length of Test | | | | Bbls. Condensate/MMCF | | | Gravity of Cor | Gravity of Condensate | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | Choke Size | Choke Size | | |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE 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. | | | | | OIL CONSERVATION DAY SION Date Approved | | | | | | |
| of a Lecc | | | | | 1 | | | | | | |
| Signature S.D.Reed, Production Superintendent | | | | | By DISTRICT I SUPERVISOR | | | | | | |
| Printed Name Title | | | | | Title | | | | | | |
| 5/4/90 (915) 682-9756 Date Telephone No. | | | | | | | | | | | |
| | | | | - / | 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 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.

RECEIVED

MAY 7 1990

HOBBS OFFICE