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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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator EP Operating Company		Well API No. 30-041-20500
Address 6 Desta Drive, Suite 5250, Midland, TX 79705-5510		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <u>Canceled & Peterson Perm</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lambirth	Well No. 8	Pool Name, Including Formation South Peterson Fusselman	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fee	Lease No.
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>810</u> Feet From The <u>West</u> Line Section <u>30</u> Township <u>5S</u> Range <u>33E</u> , NMPM, <u>Roosevelt</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum Company - Trucks	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Company OXY USA Inc.	Address (Give address to which approved copy of this form is to be sent) Bluitt Gasoline Plant, Milnesand, NM 88125	
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>30</u>
	Twp. <u>5S</u>	Rge. <u>33E</u>
	Is gas actually connected? <u>Yes</u>	When? <u>12/21/79</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded <u>3/27/90 (Recompletion)</u>	Date Compl. Ready to Prod. <u>4/24/90</u>		Total Depth <u>7960'</u>		P.B.T.D. <u>7740'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>4381.5' GR</u>	Name of Producing Formation <u>Fusselman</u>		Top Oil/Gas Pay <u>7812'</u>		Tubing Depth <u>4098'</u>			
Perforations <u>7812'-16' (8 holes)</u>					Depth Casing Shoe <u>7958'</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17-1/2"</u>	<u>13-3/8"</u>		<u>355'</u>		<u>350 sx.</u>			
<u>12-1/4"</u>	<u>9-5/8"</u>		<u>1998'</u>		<u>720 sx.</u>			
<u>8-3/4"</u>	<u>7"</u>		<u>7958'</u>		<u>600 sx.</u>			
	<u>2-3/8"</u>		<u>4098'</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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.)

Date First New Oil Run To Tank <u>4/24/90</u>	Date of Test <u>5/4/90</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>30#</u>	Casing Pressure <u>30#</u>	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>8</u>	Water - Bbls. <u>431</u>	Gas- MCF <u>25</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

Signature
S. D. Reed, Production Superintendent

Printed Name
5/4/90 (915) 682-9756

Date
Telephone No.

OIL CONSERVATION DIVISION

MAY 7 1990

Date Approved _____

By _____ ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

Title _____

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.

RECEIVED

MAY 7 1930

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