

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator EP Operating Company	
Address 6 Desta Drive, Suite 5250, Midland, Texas 79705	
Reason(s) for filing (Check proper box)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lambirth	Well No. 8	Pool Name, including Formation South Peterson Penn. Assoc.	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter L ; 1980 Feet From The South Line and 810 Feet From The West Line of Section 30 Township 5S Range 33E , NMPM, Roosevelt 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, Texas 79763					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Company	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 L	Sec. 30	Twp. 5S	Rge. 33E	Is gas actually connected? Yes	When 12/21/79

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X			X		X		X
Date Spudded 4/22/87 (Recomp.)	Date Compl. Ready to Prod. 5/1/87		Total Depth 7960'		P.B.T.D. 7740'			
Elevations (DF, RKB, RT, GR, etc.) 4381.5' GR	Name of Producing Formation Pennsylvanian		Top Oil/Gas Pay 7584'		Tubing Depth 7495'			
Perforations 7584'-7737' (62 holes)					Depth Casing Shoe 7958'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		355'		350 sx.			
12-1/4"	9-5/8"		1998'		720 sx.			
8-3/4"	7"		7958'		600 sx.			
	2-3/8"		7495'					

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 Tanks 5/1/87	Date of Test 5/1/87	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 50# - 225#	Casing Pressure Packer	Choke Size 20/64"
Actual Prod. During Test	Oil-Bbls. 30	Water-Bbls. 43	Gas-MCF 80

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. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

A. D. Reed
(Signature) S. D. Reed
Production Superintendent
(Title)
May 11, 1987
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 14 1987, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED
MAY 1 1987

RECEIVED
MAY 1 1987
HOBBS OFFICE
OCD