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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NA

Operator			/11101	OR1 C	IL AND IN	HIUHAL						
Phillips Petrole					Well API No. 30-041-2051400							
Address 4001 Penhyook 0		30-041-2031400										
4001 Penbrook, 0 Reason(s) for Filing (Check proper	dessa, lex	as /9	762			_						
New Well	,	Change in	n Transpo	rter of:		her (Please ex						
Recompletion	Oil		Dry Ga		Change	e Cities	Servic	e Inc.				
Change in Operator If change of operator give name	Casinghe	ad Gas 🛚	Conden	sate	to Tr	ident NG	L, Inc.					
and address of previous operator												
II. DESCRIPTION OF W	ELL AND LE	ASE										
case Name Well No. Pool Nam				me, Inclu	on Fusselman-South			nd of Lease No.				
Location		π ι	rece	213011	russeillia	in-South		ate	_ L.	-5048		
Unit Letter H	. 19	80	Past Pas	_ m.	North Li	51	n		East			
26			. rea m			e and		Feet From The	Last			
Section 36 To	waship 5-S		Range	32-E	, N	МРМ,	Rooseve	1 t		County		
II. DESIGNATION OF T	RANSPORTE	R OF OI	L AND	NATT	TRAT. GAS					COLINY		
ar remionized transporter of	O11	or Conden	sale r		Address (Giv	e address to w	hich approv	ed copy of this	form is to h	e sent)		
Phillips Petroleum Company Thucks Jame of Authorized Transporter of Casinghead Gas V or Dry Gas					Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762							
<u>Trident NGL</u> , Inc.		nghead Gas			Address (Giv	e address to w	t hich approv	d copy of this	d copy of this form is to be sent) Ilands, Tx 77387			
f well produces oil or liquids, ve location of tanks.	Unit		Twp.	Rge.	Is gas actuall	y connected?	Whe		X //38	3/		
this production is commingled with	that from any oth	36	_5S_	32E	Yes	<u></u>		8/91				
V. COMPLETION DATA		or rease or p	xooi, give	comming	ing order numl) ег:						
Designate Type of Complete		Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Sema Pas	n bigan		
ate Spudded		l. Ready to	Prod		Total Depth				Suite Kes	v Diff Res'v		
		1000) 10	riou		Total Depth			P.B.T.D.				
evations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
riorations												
								Depth Casing	Shoe Shoe			
HOLE SIZE	T	UBING, (CASINO	3 AND	CEMENTIN	G RECOR	D					
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
								 				
								 				
TEST DATA AND REQU	JEST FOR AI	LLOWAL	BLE									
L WELL (Test must be aft te First New Oil Run To Tank	er recovery of lold	d volume of	load oil d	and must b	e equal to or e	xceed top allo	wable for thi	e doub on he co	- 6.0341			
te riist New Oil Run 10 Tank	Date of Test				Producing Met	hod (Flow, pu	mp, gas lift, e	etc.)	r jul 24 h	nars.)		
ngth of Test	Tubing Press	Tubing Pressure						10				
tual Prod. During Test		Oil - Bbls.				Casing Pressure			Choke Size			
but Flod, During Lest	Oil - Bbis.							Gas- MCF				
AS WELL												
tual Prod. Test - MCF/D	Length of Ter	si.			Bbls. Condensa	A 0 / 00						
	·				ous. Condensa	E/MMCF		Gravity of Co	ndensate			
ing Method (pitot, back pr.)	re (Shut-in)			Casing Pressure (Shut-in)			Choke Size					
OPERATOR CERTIFI	CATE OF C	'O' O'										
nereby certify that the rules and rec	rulations of the Oil	Connect		³	O	LCONS	SEDVA	TION D	1) (10)			
VALUE OF THE PARTICULAR PARTY OF THE PARTY O	k! that the informs		bove	!}	0.	L 00140				N		
true and complete to the best of my knowledge and belief.					Date Approved FEB 2 5 1993							
KIChland									 			
gnapure K.R. Oberle, Coordinator Finance & Operations					By ORIGINAL SIGNED BY JERRY SUKTON							
Timed Name						B%[]	MOT I SU	PERVISOR				
2/22/93	(915) 368			_	Title							
		Telephon	ne No.									

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
- 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.