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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	T	OTRANS	SPO	RT OIL	AND NA	FURAL GA	NS TOWN	DI Ma			
Operator							Well A		41-205	7.5	
EP Operating Limited Partnership								-c-c	41-20	(.0)	
Address											
6 Desta Drive, Suite 5	250, M	idland,	TX	79705	-5510						
Reason(s) for Filing (Check proper box)					Othe	er (Please expla	iin)				
New Well		Change in Tra	nsport	er of:							
Recompletion	Oil	☐ Dr	y Gas							i	
Change in Operator											
If change of operator give name EP Operating Company (Same Address)											
and address of previous operator	орегае	2118 00211		(,		
II. DESCRIPTION OF WELL AND LEASE											
Lease Name	1 1 1 1 1 1 1	Well No. Po	ol Nar	ne, Includia	ng Formation			Kind of Lease		ase No.	
·	2 North Peterson					xState x F			Sentenak per Fee		
Pearl Jordan Location			INOT	LII LEL	erson re						
I	11	980		So	uth	660	. E.	et From The	East	Line	
Unit Letter	. :	Fe	et From	m The	Lin	e and	re	et From The		Line	
17 Township	Section 17 Township 4S Range 33E NMPM, Roosevelt Coun									County	
Section Township)		шхе		. , 191	VII IVI,					
III. DESIGNATION OF TRAN	CDADTE	D OF OIL	A NIT	NATI	DAT GAS						
Name of Authorized Transporter of Oil	SPURIE	or Condensate		INATU	Address (Giv	e address to wh	hich approved	copy of this f	orm is to be se	nt)	
	X -		Ĺ								
Phillips Petroleum Company - Trucks					4001 Penbrook, Odessa, Texas 79763 Address (Give address to which approved copy of this form is to be sent)						
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas					First Nat'l Bank Bldg., Ste. 614, Odessa, TX 797					
Transwestern Pipeline	e Company Unit Sec. Twp. Rge.			Is gas actually connected? Whe							
If well produces oil or liquids, give location of tanks.	Unit			•	_	-	1 *******	4/7/81			
	l I	<u> 17 l</u>		33E		Yes	1	4///01			
If this production is commingled with that from any other lease or pool, give commingling order number:											
IV. COMPLETION DATA		1		***	1 37 377.01	377) Danser	Diva Book	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	I LINE DECK	Same Res v	pin res v	
		1 2 2	1		Total Depth	J	<u> </u>	P.B.T.D.	<u>i</u>		
Date Spudded	Date Compl. Ready to Prod.				Total Depti			1.0.1.0.			
					Top Oil/Gas Pay			The state of the s			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Old Gas Tay			Tubing Depth			
					<u> </u>			Dowth Cook	Depth Casing Shoe		
Perforations				Depui Casii	ig Silve						
								<u> </u>			
	CEMENTI	NG RECOR									
HOLE SIZE	CASING & TUBING SIZE						SACKS CEMENT				
V. TEST DATA AND REQUES	T FOR A	LLOWAR	BLE								
OIL WELL (Test must be after r	ecovery of to	stal volume of	load o	il and must	be equal to o	r exceed top all	owable for th	is depth or be	for full 24 hou	vrs.)	
Date First New Oil Run To Tank	Date of Te				Producing M	lethod (Flow, p	ump, gas lift,	etc.)		ļ	
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
						0.000					
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
C. C. TITTLE					<u></u>						
GAS WELL	11					Bbls, Condensate/MMCF			Gravity of Condensate		
Actual Prod. Test - MCF/D	Length of	Length of Test				Bols, Condensate Milvier					
	75. S D				Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Flessore (Shut-la)			CHORC SIE	•		
					ــــــــــــــــــــــــــــــــــــــ						
VI. OPERATOR CERTIFIC	ATE OF	COMPL	IAN	CE		0" 00	JOEDA	ATION	DIVICIO	781	
I hereby certify that the rules and regulations of the Oil Conservation						OIL COI	12FH A	AHON	DIAIPIC	JN	
Division have been complied with and that the information given above								-	-0991	20	
is true and complete to the best of my knowledge and belief.					Date	e Approve	ad .	U	EC 22'9	32	
$\mathcal{V} (\mathcal{W})$						• •					
Leman Versh						COLCLINIA	ISIGNED	BA TEBBA	SEXTON		
Signature					∥ By_	By GRIGINAL SIGNED BY JERRY SEXTON BISTRICT I SUPERVISOR					
Leonard Kersh, District Production Manager						23	in the set) .				
Printed Name	Title (915) 682-9756				Title)		· · · · · · · · · · · · · · · · · · ·			
12/17/92	(915										
Date		Teleph	ione N	0.	[]						

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.