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 NATURAL GAS

Operator										Well API No.					
EP Operating Limited Partnership											36-641-20593				
Address															
6 Desta Drive, Suite 5250, Midland, TX 79705-5510															
Reason(s) for Filing (Check proper box)							Othe	r (Please expl	ain)						
New Well		Change in	Tra	aspor	ter of:										
Recompletion	Oil		Dry	Gas											
Change in Operator	Casinghea	d Gas 🔲	Cor	idens	ate 🗌										
If change of operator give name and address of previous operator	EP Oper	rating	Со	mpa	nv (S	ame Ad	dre	ess)							
II. DESCRIPTION OF WELL Lease Name	AND LEA	Well No.	TDoo	J No.	ma Inalud	: F				Kind of Lease			ease No.		
Pearl Jordan						-	ng Formation Mississippian				Sixia: Factoration Fee		sase No.		
Location			ــــــــــــــــــــــــــــــــــــــ	ret	. 61 5011	MISSI	55.	Thhram	1						
	. 66	50				Couth		6	60			· Foot			
Unit Letter P	_ :		_ Fee	t Fro	m The _	South	Line	and6	00	Fe	et From The	Last	Line		
Section 17 Township	, 4S		D		33E			era e	Daar	seve.	1 +		<b>a</b> .		
Section 1 / Township	, 45		Rar	ige	بردد		, NN	ИРМ,	ROOS	seve.	<u> </u>		County		
III DESIGNATION OF TRAN	SPORTE	P OF O	TT /	NT	NATT	DAT GA	. c								
Name of Authorized Transporter of Oil    Name of Authorized Transporter of Oil   X   Or Condensate   Transporter of Oil   X   Or Condensate   Transporter of Oil   X   Or Condensate   Transporter of Oil   Transporter of							Address (Give address to which approved copy of this form is to be sent)								
Phillips Petroleum Company - Trucks						4001 Penbrook, Odessa, TX 79763							//		
Name of Authorized Transporter of Casinghead Gas X or Dry Ga						Address (Give address to wh					me)				
Transwestern Pipeline		Of Diff Gas				1				Ste.614.0dessa.TX 79761					
If well produces oil or liquids,	Unit	Sec.	Tw		Rge.				<u>V Di</u>	When		, odessa	1X /9/01		
give location of tanks.	, ош., , 1 т I			4S 33E		to Rus acc	Is gas actually connected? Yes			WHEL					
If this production is commingled with that i	<del></del>					ling order s			I	HC-	<u>8/4/87</u>	<u>'</u>			
IV. COMPLETION DATA	ioni any our	or rease or	<i>p</i> -0.,	g	Comming	ing order i	oiiio	···		JHC-	397				
		Oil Well		G	as Well	New W	eli	Workover	De	epen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	1	ì		-0 ((011	1	<u> </u>	··· OIRO VOI	İ	роц	I lug Duck		I Resv		
Date Spudded	Date Comp	ol. Ready to	Pro	1.		Total Dep	xh		L		P.B.T.D.	J	- <del>-</del>		
-						1.22.									
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation							Top Oil/Gas Pay				Tubing Depth				
											' '				
Perforations							Depth Casing Shoe								
	CEMENTING RECORD														
HOLE SIZE	CAS	CASING & TUBING SIZE						DEPTH SET				SACKS CEME	ENT		
V. TEST DATA AND REQUEST FOR ALLOWABLE															
OIL WELL (Test must be after re	covery of to	tal volume	of loc	ad oil	l and must	be equal to	or	exceed top allo	wable	for this	depth or be f	for full 24 hour	·s.)		
Date First New Oil Run To Tank	Date of Tes	<b>a</b> t .				Producing	Mei	thod (Flow, pu	mp, ga	s lift, e	tc.)				
	.*														
Length of Test	ssure			Casing Pressure					Choke Size						
			<del></del>						Con MCE						
Actual Prod. During Test				Water - Bbls.					Gas- MCF						
	İ					<u> </u>									
GAS WELL															
Actual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF					Gravity of C	Condensate			
Testing Method (pitot, back pr.)	ssure (Shut-	re (Shut-in)				Casing Pressure (Shut-in)				Choke Size					
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIA	\N(	CE		_								
I hereby certify that the rules and regula					-		C	IL CON	SE	RV	ATION I	DIVISIO	νN		
Division have been complied with and that the information given above															
is true and complete to the best of my knowledge and belief.							tο	Approved	4		DEC	22'92			
Y (M)								, ,pp, 0 v c(	<u> </u>		·				
Leonard Leist									CIG P	ieu o.	y jenevit	EXTO			
Signature Leonard Vorch District Braduction Monogon						ll Rà		ORIGINAL	310011	្រូវប្រ ព្រះប្រ	POWCECH				
Leonard Kersh, District Production Manager							DISTRICT I SUPERCISOR								
Printed Name Title 12/17/92 (915) 682-9756							Title								
Date	(31	Tele													
						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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.