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

L.	1	O INAN	SPC	JA I OIL	AND NA	I UNAL GA	10	DIAL.			
Operator EP Operating Limited Partnership							Well API No. 30-041-20580				
Address 6 Desta Drive, Suite			тх	79705	<u>-5510</u>						
Reason(s) for Filing (Check proper box)	72.70, FII	diand,		13103		er (Please expla	in)				
New Well	(Change in Tr	anspor	ter of:			•				
Recompletion	Oil		ry Gas								
Change in Operator	Casinghead	_	ondens	_							
C -1 C	P Operat		npan	y (Sam	e Addres	ss)					
II. DESCRIPTION OF WELL	AND LEAS	SE									
Lease Name Collier "A"	Well No. Pool Name, Including Formation 1 Peterson Mississippian						Kind of Lease State: Pedecal for Fee			ease No.	
Location	100	^		c		660	1		West		
Unit LetterL	_ :198	Fe Fe	eet Fro	om The	Lin	e and660	Fe	et From The	WESL	Line	
Section 28 Townshi	p 4S	R	ange	33	E , N	мрм,	Rooseve	1t		County	
III. DESIGNATION OF TRAN				D NATU	RAL GAS			anni of this f	arm in to be se		
Name of Authorized Transporter of Oil	لثيا	or Condensat	e		1	e address to wh				·# <i>)</i>	
Phillips Petroleum Con	4001 Penbrook, Odessa, Texas 79763 Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casin			r Dry (U28 []	1						
Transwestern Pipeline				Rge.		Nat 1 Bar y connected?	ik Bldg. When		4,Odessa	<u>,TX /9/6</u>	
					Yes	y connected?	When	9/22/81			
If this production is commingled with that				33E		her		9/22/0	<u> </u>		
IV. COMPLETION DATA	mom any oute	r rease or po		e comming							
Designate Type of Completion	- (X)	Oil Well	0	Bas Well	New Well	Workover	Deepen	Plug Back 	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
	CEMENTING RECORD										
HOLE SIZE CASING & T			TUBING SIZE			DEPTH SET		SACKS CEMENT			
								ļ			
								<u> </u>			
V. TEST DATA AND REQUE	CT FOD A	LLOWAL	OI E		<u> </u>			<u></u>			
OIL WELL (Test must be after	SI FUR A.	al valume of	oue Ima	oil and must	he equal to or	r exceed top allo	owable for thi	s depth or be	for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Test		1000	JU GIVA ITALIS	Producing M	ethod (Flow, pi	ump, gas lift,	etc.)	,		
Length of Test	Tuking Program				Casing Press	ure		Choke Size			
Length of Test	Tubing Pressure						Gas- MCF				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Oud- 1/10/			
GAS WELL		······································									
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	'ATE OF	COMPI	JAN	NCE			1075		D11010		
						OIL COI	NSERV			אכ	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					DEC 2 2 '92						
is true and complete to the best of my	knowledge an	d belief.			Date	a Approve	ed.				
	1/ 1				Dale	2 Whine	·				
Leman Kersh						ORIGINAL S	IGNED AV	TURNEY SE	MOTX		
Signature Leonard Kersh, Distr	ict Dros	luotion	Ma-	2002	∥ By_	DIST	NOT I SU	PERVISOR			
Printed Name 12/17/92			Title		Title)					
Date	()1.	Telepl									

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.