

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator EP Operating Company	
Address 6 Desta Drive, Suite 5250, Midland, TX 79705-5510	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner: THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pearl Jordan	Well No. 3	Pool Name, including Formation Peterson Mississippian	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>17</u> Township <u>4S</u> Range <u>33E</u> , NMPM, <u>Roosevelt</u> 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 - Trucks	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Transwestern Pipeline Company	Address (Give address to which approved copy of this form is to be sent) First Nat'l Bank Bldg., Ste. 614, Odessa, TX 79761	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 17
	Twp. 4S	Rge. 33E
	Is gas actually connected? Yes	
	When 8/4/87	

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-697

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

S. D. Reed
(Signature) S. D. Reed
Production Superintendent
(Title)
September 12, 1988
(Date)

OIL CONSERVATION DIVISION
SEP 14 '88

APPROVED _____, 19____
BY _____
Orig. S.
Paul Kautz
Geologist
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.

IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	D. f. Res'v.
		X		X					
Date Spudded 5/3/81	Date Compl. Ready to Prod. 9/4/88			Total Depth 8240'			P.B.T.D. 8206'		
Elevations (DF, RKB, RT, GR, etc.) 4384.7' GR	Name of Producing Formation Mississippian			Top Oil/Gas Pay 8160'			Tubing Depth 8126'		
Perforations 8160'-80'							Depth Casing Shoe 8240'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	345'	460 sx. Circulated
12-1/4"	9-5/8"	1932'	990 sx. Circulated
8-3/4"	5-1/2"	8240'	550 sx.
	2-3/8"	8126'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 9/5/88	Date of Test 9/6/88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure --	Casing Pressure 30#	Choke Size --
Actual Prod. During Test	Oil - Bbls. 12	Water - Bbls. 10	Gas - MCF 26

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