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

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

## **OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Operator								Well API No.			
EP Operating Limited Partnership								36-641-50 183			
Address 6 Desta Drive, Suite	5250, M	idland	l, T	x 79705	5-5510						
Reason(s) for Filing (Check proper box)  Other (Please explain)											
New Well Change in Transporter of:											
Recompletion	Oil		Dry (	_							
Change in Operator	Casinghea	d Gas	Cond	ensate						<del></del>	
If change of operator give name and address of previous operator	EP Ope	rating	Cor	mpany (S	Same Addı	ress)		<u> </u>	· ()		
II. DESCRIPTION OF WELL						<u>óac</u>					
Lease Name Lambirth	Well No.   Pool Name, Included   12   South Pool				eterson Penn Canco			of Lease No.  Bedenakor Fee Lease No.		ease No.	
Location											
Unit LetterK	:21	30	Feet 1	From The $\frac{Sc}{}$	outh Lin	e and185	54 Fe	et From The	West	Line	
Section 31 Township	, 5S		Rang	e 33I	<u>, N</u> I	мрм,	Roose	evelt		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR											
Name of Authorized Transporter of Oil or Condensate					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 or Dry Gas					Address (Give address to which approved copy of this form is to be sent)  P. O. Box 1150, Midland, TX 79702					
Warren Petroleum  If well produces oil or liquids, Unit Sec. Twp. Rge.					7						
give location of tanks.	l K l	31	5S 33E		Is gas actually connected?		1	4/4/86			
If this production is commingled with that i	rom any oth						PC 573	3/3/00			
IV. COMPLETION DATA							·				
Designate Type of Completion	. (20)	Oil Well	ļ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. Ready to	Prod.		Total Depth		1	P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations					<u> </u>			Depth Casin	Depth Casing Shoe		
									S DIIO		
	T	UBING,	CAS	ING AND	CEMENTI	NG RECOR	D	<del></del>			
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUES	T FOR A	LLOW	ARLE	<del> </del>	<u> </u>			1			
OIL WELL (Test must be after re					be equal to or	exceed top allo	wable for thi	s depth or be j	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes	şt .			Producing Me	thod (Flow, pu	mp, gas lift, e	tc.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	<u> </u>										
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC				NCE			ISERV	ΔΤΙΩΝΙ	חואופור	)NI	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date ApprovedDEC 2 2 '92						
Leonard Kersh					By.	ONIONAL	CIANETI F	v jerav s	EXTON		
Signature \\ Leonard Kersh, District Production Manager					By ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUBJECTED R						
Printed Name 12/17/92	Title (915) 682–9756				Title						
Date			phone								
					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.