See Instructions at Bottom of Page

JIL CONSERVATION DIVISI

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

| 300 Rio Brazos Rd., Aztec, NM 8741 | REGUEST | OR ALLOWABI | LE AND AUTHORIZAT | | | |
|--|--|---------------------------------|-----------------------------------|------------------------------|-----------------------|--|
| Phillips Pet | | | | | 30-025-01269 | |
| Adress | ok Street, Odes | | .? | | . <u> </u> | |
| eason(s) for Filing (Check proper box | | 33u, 17 7370 | Other (Please explain) | | | |
| lew Well | Change i | n Transporter of: | | | | |
| ecompletion | Oil L. Casinghead Gas | Dry Gas | | | | |
| change in Operator Change of operator give name | Cally Rad On [| <u> </u> | | | | |
| id address of previous operator | | | | | | |
| L DESCRIPTION OF WEL | N OF WELL AND LEASE Well No. Pool Name, Include | | g Formation | Kind of Lease | P. 1 - 1 Tea | |
| lesse Name New Mex A | 2 | | ower Wolfcamp | State, Federal or Fee | E-1314 | |
| ocation | 1002 | | ·+ - 661 · | Feet From The | South Line | |
| Unit Letter | <u> 1983</u> | _ Feet From The $\frac{Eas}{a}$ | | | | |
| Section 25 Town | nahip 16S | Range 03E | , NMPM, | _EA | County | |
| | ANGROPEED OF | OU AND NATII | DAL CAS | | | |
| II. DESIGNATION OF TR | | | Vocatere (Clas promises in march | approved copy of this for | m is to be sent) | |
| Name of Authorized Transporter of O Phillips Petro | leum ^r čompany-T | | 4001 Penbrook S | t., Odessa, IX | /9/62 | |
| Name of Authorized Transporter of C | asinghead Gas | or Dry Gas | Address (Give address to which | approved copy of this join | | |
| If well produces oil or liquids, | Unit Sec. | Twp. Rge. 16S 33E | is gas actually connected? | When ? | | |
| ive location of tanks. | 0 25 | | | | | |
| f this production is commingled with IV. COMPLETION DATA | that from any other lease | or pool, give comming! | ing order sumber: | | | |
| | Oil W | 'ell Gas Well | New Well Workover | Deepen Plug Back | Same Res'v Diff Res'v | |
| Designate Type of Complet | | | Total Depth | P.B.T.D. | | |
| Date Spudded | Date Compi. Read | y to Prod. | Total Depart | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing | Formation | Top Oil/Gas Pay | Tubing Dept | Tubing Depth | |
| | | | | Depth Casin | Depth Casing Shoe | |
| Perforations | | | | | | |
| | TUBIN | G, CASING AND | CEMENTING RECORD | | SACKS CEMENT | |
| HOLE SIZE | CASING 8 | TUBING SIZE | DEPTH SET | | SACKS CEMENT | |
| | | | | | | |
| | | | | | | |
| | | WARLE | | | | |
| V. TEST DATA AND REQ | UEST FOR ALLO | WABLE me of load oil and mus | t be equal to or exceed top allow | able for this depth or be | for full 24 hours.) | |
| OIL WELL (Test must be a Date First New Oil Run To Tank | Date of Test | | Producing Method (Flow, pur | फ़, हुव्ड थिं, संट.) | | |
| | The Property of the Property o | | Casing Pressure | Choke Size | Choke Size | |
| Length of Test | Tubing Pressure | | | - 105 | | |
| Actual Prod. During Test | Oil - Bbls. | | Water - Bbls. | Gas- MCF | | |
| | | | | | | |
| GAS WELL | | | Bbls. Condensate/MMCF | Gravity of | Condensate | |
| Actual Prod. Test - MCF/D | Length of Test | | Dois concensus transacti | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure | Shut-m) | Casing Pressure (Shut-in) | Choke Size | • | |
| | | N ADI TA NICE | - | | | |
| VI. OPERATOR CERT | IFICATE OF CO | MPLIANCE | OIL CON | SERVATION | DIVISION | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above | | | | MAR | 111D D O 4888 | |
| is true and complete to the best | of my knowledge and beli | ef. | Date Approved | d t | | |
| T. M. 11 | A | | 11 | | | |
| Signature J.14. Hasting | * Y | ecords Sunv | Ш ву | Orig. Signed I Paul Kautz | Y | |
| | | Title | Title | Geologist | | |
| March 26, 199 | 0 915- | 367-1402 | | | | |

Harch 26,

- 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.

Telephone No.

- 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.