

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator
Phillips Petroleum Company

Address
Room B-2, Phillips Bldg., Odessa, Texas

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE **UNDESIGNATED**

Lease Name Leamex	Well No. 16	Pool Name, Including Formation Maljamar-Grayburg/San Andres-Ext.	Kind of Lease Leasehold	Lease No. B2148
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Location
Unit Letter **J** ; **1930** Feet From The **south** Line and **1980** Feet From The **east**

Line of Section **16** Township **T-17-S** Range **R-33-E** , NMPM, **Lea** 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Room B-2, Phillips Bldg., Odessa, Texas			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 16	Twp. 17	Rge. 33
	Is gas actually connected? Yes		When 10-1-69	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 9-17-69	Date Compl. Ready to Prod. 9-30-69		Total Depth 4550		P.B.T.D. 4525			
Elevations (DF, RKB, RT, GR, etc.) 4180'Gr, 4189'DF, 4190'RKB	Name of Producing Formation Grayburg/San Andres		Top Oil/Gas Pay 4142		Tubing Depth 4450			
Perforations 4290-4388					Depth Casing Shoe 4550			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		374'		250 sx Class H w/2% CaCl2 on 1st stage.			
7-7/8"	4-1/2"		4550'		150 sx. Class H w/40% DD & 125 sx. Class H neat.			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

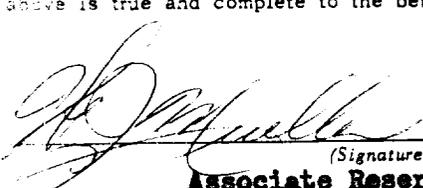
Date First New Oil Run To Tanks 10-1-69	Date of Test 10-13-69	Producing Method (Flow, pump, gas lift, etc.) Pump - Insert, 2" x 1-1/4" x 25"	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 76	Water - Bbls. 0	Gas - MCF 81.9

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

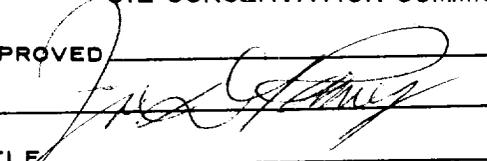
VI. CERTIFICATE OF COMPLIANCE

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


W. J. Mueller
(Signature)
Associate Reservoir Engineer
(Title)
10-14-69
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY 

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.