

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API No. 30-025-28751

I. Operator	
Phillips Petroleum Company	
Address	
4001 Penbrook Street, Odessa, Texas 79762	
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"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate
Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service <i>BLM</i>	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Federal	Lease No.
Hamilton A	2	Permo Upper Townsend -Pennsylvanian	State, Federal or Fee		NM-04411
Location					
Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>south</u> Line and <u>1980</u> Feet From The <u>west</u>					
Line of Section <u>33</u> Township <u>15-S</u> Range <u>35-E</u> , 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"/>	Address (Give address to which approved copy of this form is to be sent)
Amoco Pipeline Company	2300 Continental Nat'l Bank Bldg, Ft. Worth, Tx
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
undesignated	76102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>K</u> Sec. <u>33</u> Twp. <u>15-S</u> Rge. <u>35-E</u>	No

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

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.

*W. J. Mueller*  
(Signature) W. J. Mueller  
(Title)  
October 9, 1984  
(Date)

OIL CONSERVATION DIVISION

OCT 12 1984

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
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

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-28-84	Date Compl. Ready to Prod. 8-20-84		Total Depth 10,650'			P.B.T.D. 10,602'			
Elevations (DF, RKB, RT, CR, etc.) 3982'GL, 4001.6'KB ~	Name of Producing Formation Permo Upper Pennsylvanian		Top Oil/Gas Pay 10,292'			Tubing Depth 10,398'			
Perforations Perfd 5-1/2" csg w/4" OD gun 2 JSPF @ 10,324'-10,328'; 10,331'-10,335'; 10,515'-10,528'; 10,537'-10,539'; 10,548'-10,562'; 10,566'-10,574'						Depth Casing Shoe 10,650'			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	370'	400 sx "C", 2% CaCL, Circ 10-62
12-1/4"	8-5/8"	4650'	1200 sx "C", 40%DD, 18%
	salt, 1/4#/sx cellophane, tail w/200 sx "C" Neat. Circ 244 sx		
7-7/8"	5-1/2"	10650'	See below

#### 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 8-23-84	Date of Test 10-07-84	Producing Method (Flow, pump, gas lift, etc.) 2" x 1 1/4" x 16' insert pump	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil-Bbls. 26	Water-Bbls. 17	Gas-MCF 140

#### GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

\*5-1/2" csg cmt'd w/150 sx "H" w/20%DD, 1/4#/sx cellophane, 3#/sx gilsonite, .3% LWL, 10% TFH Tail w/230 sx "H" Neat. Open DV @ 7791'. Circ 106 sx cmt. Cmt'd 2nd stage w/400 sx "H" w/40%DD, 1/4#/sx cellophane, 3#/sx gilsonite w/100 sx "H" Neat. TOC @ 3200' /temperature survey.

RECEIVED

OCT 11 1984

NOVA OFFICE