

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Phillips Petroleum Company	Well API No. 30-025-30482
Address 4001 Penbrook Street, Odessa, Texas 79762	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Phillips E State	Well No. 37	Pool Name, including Formation Maljamar-Grayburg/San Andres	Kind of Lease State, Federal, or Free	Lease No. B-2148
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 Section <u>15</u> Township <u>17-S</u> Range <u>33-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"/> Phillips Petroleum Company - Trucks	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, Tx 79762	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, Tx 79762	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 15
	Twp. 17-S	Rge. 33-E
	Is gas actually connected? yes	When? 1-11-89

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-01-88	Date Compl. Ready to Prod. perf'd 12-14-88		Total Depth 4800'		P.B.T.D. 4736'			
Elevations (DF, RKB, RT, GR, etc.) 4155' GR, 4167' RKB	Name of Producing Formation Grayburg/San Andres		Top Oil/Gas Pay 4254'		Tubing Depth 4545'			
Performations 4254'-4520'					Depth Casing Shoe 4800'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 1494'		SACKS CEMENT 1000 sx "C", 2% CaCl.			
					Circ 130 sx			
7-7/8"	5-1/2"		4800'		1000 sx Howco Lite w/ 5% salt + 300 sx "C" neat. Circ 185 sx			

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 Tank 1-05-89	Date of Test 1-11-89	Producing Method (Flow, pump, gas lift, etc.) 2" x 1 1/4" x 16' pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 5	Water - Bbls. 16	Gas- MCF 135

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

VI. OPERATOR 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 above
is true and complete to the best of my knowledge and belief.

L. M. Sanders
Signature
L. M. Sanders, Regulation & Proration Suprv
Printed Name
January 18, 1989
Date
915/367-1488
Telephone No.

OIL CONSERVATION DIVISION

JAN 23 1989

Date Approved

By

ORIGINAL SIGNED BY JERRY SIXTON
DISTRICT I SUPERVISOR

Title

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.

RECEIVED
JAN 20 1989
HOBBS OFFICE

RECEIVED
JAN 20 1989
HOBBS OFFICE