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## State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Phillips Petroleum Company 30-025-24731 4001 Penbrook Street, Odessa, Texas 79762 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Change lease name from State to Devon State Recompletion Dry Gaz Oil Casinghead Gas Condensate Change in Operator change of operator give name d address of previous operator IL DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. Devon State Leamex-Pennsylvanian State, Redesat or Prex B-2516 1874 Unit Letter \_\_\_ Feet From The South Line and 554 east \_\_ Feet From The Section 22 Township 17-S Range 33-E , NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)  $\stackrel{\star}{\Box}$ Phillips Petroleum Company 4001 Penbrook Street, Odessa, Tx 79762 Phillips 66 Natural Gas Company GPM Gas Corporation of FEGINE School Streets 1882ssa. Tx 79762 Name of Authorized Transporter of Casinghead Gas If well produces oil or liquids, give location of tanks. Unit Twp. Rge. Is gas actually connected? Sec. When? 1 22 17-9 33-F ves <u>5-04-75</u> If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Soudded Date Compl. Ready to Prod. Total Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD **HOLE SIZE** CASING & TUBING SIZE DEPTH SET SACKS CEMENT . 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.) OIL WELL Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Leagth of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls Water - Bhis Gas- MCF **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 VL OPERATOR CERTIFICATE OF COMPLIANCE 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. FEB 0 6 1989 Date Approved \_ P.M. Sanders By\_ M. Sanders, Regulation & Proration Superv

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

February 2.

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

915/367-1483

- 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.