1980, Hobbs, NM 88240

State of New Mexico ergy, Minerals and Natural Resources Departns.

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.	new				L AND NA			J			
Operator	Well API No.										
Phillips Petroleum Co				<u>10-025-2473</u>	31						
4001 Penbrook Street.	Odes:	sa. Tex	cas_	79762							
Reason(s) for Filing (Check proper box) New Well					☐ Ou	ret (Please exp	dain)			·	
Recompletion	Oil	Change is	Dry G								
Change in Operator X	Casinghe	ad Gas 🗀	Conde								
If change of operator give name and address of previous operator	von Ene	ergy Co	rp.,	1500	Mid Amer	ica Towe	r 20 i	V Broadwa	v 01/1		
IL DESCRIPTION OF WELL	True Failer	ica ione	20	v. broadwa	. Broadway, Oklahoma Cit Okla. 73102						
Lease Name	AUD LE	Well No.	Pool N	Jame, Includ	ing Formation	 	V:-	d of Lease		ease No.	
State	l Leamex-			- 12			e, Poziali sotia k				
Location	1										
Unit Letter	_ :	554	_ Feet P	rom The _	east Lin	e and <u>187</u>	74	Feet From The _	south	Line	
Section 22 Townshi	ip 17-	S	Range	33-6	, N	мрм,			Lea	County	
III. DESIGNATION OF TRAN	JCDADTE	ው ማ ር መ	Y T 43.	II. 374 000	D41 G46						
return or Authorized Transporter of Oil		or Conder	nante	D NA IU	Address (Giv	e address to w	hich ansen	ed come of this for	m is to be a		
Phillips Petroleum Company' - Trucks					Address (Give address to which approved copy of this for 4001 Penbrook St., Odessa, Te						
Name of Authorized Transporter of Casinghead Gas Or Dry Gas Phillips 66 Natural Gas Company					Address (Give address to which approved copy of this form is to be sent)					ent)	
If well produces oil or liquids	Unit	Sec.	Twp.	Rge.	Is gas actual	enbrook	<u>St., (</u>	dessa, Tex	<u>kas 797</u>	'62	
rive location of tanks.	i i	22	17-	51 33-		-	Wb	:a .7 n∕a			
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, gi	ve comming	ling order numi	ber:					
TV. COMILETION DATA		Oil Well		Gas Well	N 71.11			₁			
Designate Type of Completion	- (X)	Ou wen		CHE MEII	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	Date Comp	d. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas I	220		<u> </u>			
								Tubing Depth	Tubing Depth		
Perforations					Depth C				Casing Shoe		
	CEMENTO	IC DECOR	<u> </u>								
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE					DEPTH SET		SA	SACKS CEMENT		
								GAORO OZRIZIVI			
	 										
V. TEST DATA AND REQUES OIL WELL (Test must be after re					·						
Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.)										
					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test					Casing Pressu	re		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			0)/05	Con MCC			
							Gas- MCF				
GAS WELL						·		<u> </u>			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condens	ate/MMCF		Gravity of Con	Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)							
some control (pass, asc, pr.,							Choke Size	Choke Size			
I. OPERATOR CERTIFICA	ATE OF	COMPI	JAN	CF				1			
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.					JAN 1 9 1989						
A see of a					Date	Approved	t	AVII I			
O.M. Sanders					D		<u> </u>			********	
L. M. Sanders, Regulation & Proration Suprv					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
1 and 1 and 1					Title						
January 17, 1989	<u>915/</u>	367 <u>-14</u> Telepi	88 hone No	<u> </u>							

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.

Fill out only Sessions I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C 104 must be filed for each pool in multiply completed wells.

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