P.O. Box 1980, Hobbs, NM 88240

ove insurrections at Bottom of Page

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

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

IL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Phillips Pet		Well API No. 30-025-2486900									
Address 4001 Penbroo	ok, Odess	sa, TX	79762	<u> </u>							
Reason(s) for Filing (Check proper bo	x)				⊠ Ou	ves (Please exp	lain)				
New Well	•		Transport	er of:	His	inna	tac	hange	g tra	naparter	
Recompletion	Oil Carinoba	Change in Transporter of: Change in Transporter of: This is only a one Casinghead Gas Condensate 09/90 240 Ef						me deal.		V	
If change of operator give name	Canagas	20 08	Concers	146 U	011	10 24	o thes	Ol 13	mor	and try	
and address of previous operator						<u> </u>		Philly	10/2/	ucks	
IL DESCRIPTION OF WEI	LL AND LE	AND LEASE Well No. Pool Name, Included the control of the contr			line Formation			Kind of Lease		case No.	
Lusk Deep Un	it A	12			ware, Me	est		Side, Federal or Fee		MLC065710A	
Location	,	U / 10			s.l	22	200		r-		
Unit LetterG	:	(010()	Feet From	n The	Lin	e and	000 F	ect From The _	<u></u>	Line	
Section 20 Town	unhip 198		Range 3	2E	· ,N	MPM,	Lea			County	
III. DESIGNATION OF TRA	ANSPORTI	ER OF O	II. AND	NATI	PAL GAS						
ame of Authorized Transporter of Oil VV or Condensate								oved copy of this form is to be sent)			
Phillips Petroleum		ks			4001 Penbrook, Odes						
Name of Authorized Transporter of Ca	singhead Gas	mead Gas		**	Address (Give address to which approv			ed copy of this form is to be sent)			
If well produces oil or liquids, zive location of tanks.	Unit	Sec. Twp. Rge. 20 198 32E			Is gas actually connected? When			?			
If this production is commingled with the		l			L		<u> </u>				
IV. COMPLETION DATA		in ran or	pout, gave	committee	ing order muti						
Designate Type of Completion	on - (X)	Oil Well	Gas	s Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.		Total Depth	<u></u>	L	P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations						<u> </u>					
- 								Depth Casing	Shoe		
	7	TUBING,	CASING	G AND	CEMENTI	NG RECOR	D	<u>-</u>		•	
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
						·		 			
V. TEST DATA AND REQUIDED WELL (Test must be after					•				4 11 04 1		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		oj ioda ou	ana musi		exceed top allo whod (Flow, pu			r juli 24 hou	rs.)	
								Choke Size			
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure			Choke Size		
nual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF			
GAS WELL		 · · · · · · · · · · · · · · · · · · 						<u> </u>			
Actual Prod. Test - MCF/D	Length of	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
					(4144						
L OPERATOR CERTIFIC				E		NI CON	ISEDV	ATION D	MARIC		
I hereby certify that the rules and reg Division have been complied with an	d that the infor	metica give	ation nabove			JIL CON	ISER V				
is true and complete to the best of my knowledge and belief.					Date Approved						
A. 1. 1.					Daile	· ippioved	-			U	
Signature Signature	<u> </u>		• • • • • • • • • • • • • • • • • • • •		By	Osto		MED BY JER)N	
Dovle Pruden Prod	l. Accour			sor		,		VARTERE			
September 30, 1990	915	5-368-1	402		Title_		· · · · · · · · · · · · · · · · · · ·				
Date		Telep	hone No.								

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

OCT 0 8 1990

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