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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Phillips Petroleum Company
Address
Room 711, Phillips Building, Odessa, Texas 79761
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

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	Lease No.
Lusk Deep Unit A "COM"	13	Lusk Morrow Gas	State, Federal <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	LC068947
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>18</u> Township <u>19-S</u> Range <u>32-E</u> , NMFM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	Box 1183, Houston, Texas 77001					
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)					
Phillips Petroleum Company	Room 711, Phillips Bldg., Odessa, Texas 79761					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	19	19S	32E	Yes	10-27-75

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4-11-75	6-16-75	12520	12485					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3587' Gr.	Morrow	12035	12015					
Perforations						Depth Casing Shoe		
12381-414'						12520		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
17-1/2"	13-3/8"		778' (500 sx TRIW w/10% DD, 7-1/2# salt, 1/4#)			(Flocele/sx, 200 sx Class C w/2% CaCl ₂ . Circ 48 sx.)		
11"	8-5/8"		4523' (400 sx TRIW w/10% DD, 7-1/2# salt & 1/4#)			(Flocele/sx, 200 sx Class C w/2% CaCl ₂ . TOC @ 2100'.)		
7-7/8"	5-1/2"		12520' (Gntd w/900 sx Class C w/3/10% LNL & 2#)			(KCL/sx. TOC @ 7520'.)		
(2-7/8" Tubing set at 12015')								
Length of Test	Tubing Pressure		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil-Bbls.		Water-Bbls.			Gas-MCF		

GAS WELL Form C-122 to be submitted as soon as test completed.

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1.0 MMcf	24 hrs on 11-11-75	21 Bbls/24 hrs	49
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Flow Test-Deliverability	Flwg TP 600#		1/2"

VI. CERTIFICATE OF COMPLIANCE

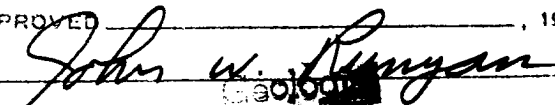

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


W. J. Mueller
(Signature)
Engineering Advisor
(Title)

11-12-75

(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19
BY 
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.