

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Phillips Petroleum Company

Address
4001 Penbrook Street, Odessa, Texas 79762

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) Perf'd Gb/SA zone & downhole commingled with Queen zone.	
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil		<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Leamex	Well No. 20	Pool Name, including Formation Maljamar-Gb/SA Corbin, North-Queen	Kind of Lease State, Federal or Fee State	Lease No. B-2148
Location Unit Letter <u>B</u> : <u>550</u> Feet From The <u>North</u> Line and <u>1703</u> Feet From The <u>East</u> Line of Section <u>23</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	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, Texas 79762
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> EFFECTIVE FEBRUARY 1, 1992 Phillips 66 Natural Gas Company GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, Texas 79762
If well produces oil or liquids, give location of tanks. Unit <u>D</u> Sec. <u>24</u> Twp. <u>17-S</u> Rge. <u>33-E</u>	Is gas actually connected? <u>yes</u> When _____

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-645

NOTE: Complete Parts IV and V on reverse side if necessary.

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

Ralph J. Roper for W. J. Mueller
(Signature)
Engineering Supervisor, Reservoir
(Title)
July 1, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 6 1987, 19____
BY _____
TITLE ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv	Drill Restv.
		X			DHC				
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
11-03-79	5-08-87 (reperf'd)		4760'		4650'				
Elevation (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
4116.3'GR	Gh-SA & Queen		3770'		4645'				
Perforations					Depth Casing Shoe				
3778'-3801' & 4224'-4637'					4704'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	24# K-55 8-5/8"		410'		600 sx "C", Circ 50 sx				
7-7/8"	11.6# N-80 4-1/2"		4704'		1200 sx TLW, 250 sx "H" Circ to surface.				

V. 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)

Date First New Oil Run To Tanks		Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6-15-87		6-17-87	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hrs.				
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	6	17	17	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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