

DISTRIBUTION	
SANTA FE	
FILE	
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

API NO. 30-025-27402

Operator Phillips Petroleum Company	
Address 4001 Penbrook, Room 401, Odessa, Texas, 79762	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 <input type="checkbox"/>

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

DESCRIPTION OF WELL AND LEASE

Lease Name Philmex	Well No. 15	Pool Name, Including Formation Maljamar Gb/SA	Kind of Lease State, Federal or Fee	State	Lease No. B-2229
Location					
Unit Letter 'A' ; 660 Feet From The north Line and 660 Feet From The east					
Line of Section 28 Township 17-S Range 33-E , NMPM, Lea County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipe Line Co.	P.O. Box 2528, Hobbs, New Mexico, 88240					
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	4001 Penbrook St., Odessa, Texas, 79762					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 27	Twp. 17S	Rge. 33E	Is gas actually connected? Yes	When 10-13-81

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7-24-81	Date Compl. Ready to Prod. 10-14-81		Total Depth 6200'		P.B.T.D. 4847'			
Elevations (DF, RKB, RT, GR, etc.) 4169' GR	Name of Producing Formation Grayburg/San Andres		Top Oil/Gas Pay		Tubing Depth 4592'			
Perforations 4224'-4698'					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8"	1490'	550 sxs TLW w/1/4#
(Flocele/sx followed w/200 sxs Cl "C" w/2% CaCl Circ. 28 sxs)			
7-7/8"	4-1/2"	4889'	1900 sxs TLW w/10%
(DD & 7-1/2# salt/sx and 1/4# flocele/sx followed by 3000 sxs Cl "C" w/2% CaCl			

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

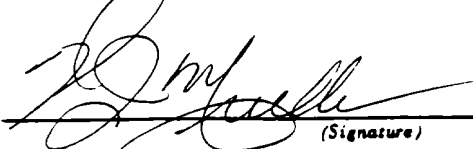
Date First New Oil Run To Tanks 10-14-81	Date of Test 10-14-81	Producing Method (Flow, pump, gas lift, etc.) Pumping 2" x 1/4" x 18'	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 93	Water-Bbls. 12	Gas-MCF 118

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 ---

1. 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)
Sr. Engineering Specialist
(Title)
November 11, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 15 1981, 19____
BY Orig. Signed By
J. Sexton
TITLE J. Sup't

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

RAILROAD COMMISSION OF TEXAS
OIL AND GAS DIVISION

Form W-12
(1-1-71)

INCLINATION REPORT (One Copy Must Be Filed With Each Completion Report.)		6. RRC District
1. FIELD NAME (as per RRC Records or Wildcat)	2. LEASE NAME Phil-Mex	7. RRC Lease Number. (Oil completions only)
3. OPERATOR Phillips		8. Well Number 15
4. ADDRESS		9. RRC Identification Number (Gas completions only)
5. LOCATION (Section, Block, and Survey)		10. County

RECORD OF INCLINATION

*11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
380	380	1/2	0.87	3.31	3.31
875	495	3/4	1.31	6.48	9.79
1490	615	3/4	1.31	8.06	17.85
2034	544	1	1.75	9.52	27.37
2500	466	1-1/4	2.16	10.07	37.44
2962	462	3/4	1.31	6.05	43.49
3523	561	1	1.75	9.82	53.31
4279	756	3/4	1.31	9.90	63.13
4796	517	3/4	1.31	6.77	69.90
5644	848	1/2	0.87	7.38	77.28
6200	556	3/4	1.31	7.28	84.56

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? ☐ yes ☒ no
18. Accumulative total displacement of well bore at total depth of 6200 feet = 84.56 feet.
- *19. Inclination measurements were made in - ☐ Tubing ☐ Casing ☒ Open hole ☐ Drill Pipe
20. Distance from surface location of well to the nearest lease line _____ feet.
21. Minimum distance to lease line as prescribed by field rules _____ feet.
22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? _____
- (If the answer to the above question is "yes", attach written explanation of the circumstances.)

<p>INCLINATION DATA CERTIFICATION</p> <p>I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form.</p> <p>Signature of Authorized Representative <u>Bernard J. Mahony, Sr., President</u></p> <p>Name of Person and Title (type or print) <u>BJM Drilling & Exploration, Inc.</u></p> <p>Name of Company <u>BJM Drilling & Exploration, Inc.</u></p> <p>Telephone: <u>915</u> <u>684-9732</u></p> <p style="text-align: center;">Area Code</p>	<p>OPERATOR CERTIFICATION</p> <p>I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form.</p> <p>Signature of Authorized Representative _____</p> <p>Name of Person and Title (type or print) _____</p> <p>Operator _____</p> <p>Telephone: _____</p> <p style="text-align: center;">Area Code</p>
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Railroad Commission Use Only:

Approved By: _____ Title: _____ Date: _____

* Designates items certified by company that conducted the inclination surveys.

RECORD OF INCLINATION (Continued from reverse side)

[illegible]

☐ If additional space is needed, attach separate sheet and check here.

REMARKS:

- INSTRUCTIONS -

An inclination survey made by persons or concerns approved by the Commission shall be filed on a form prescribed by the Commission for each well drilled or deepened with rotary tools or when, as a result of any operation, the course of the well is changed. No inclination survey is required on wells that are drilled and completed as dry holes that are plugged and abandoned. (Inclination surveys are required on re-entry of abandoned wells.) Inclination surveys must be made in accordance with the provisions of Statewide Rule 11.

This report shall be filed in the District Office of the Commission for the district in which the well is drilled, by attaching one copy to each appropriate completion for the well. (except Plugging Report)

The Commission may require the submitter of the original charts, graphs, or discs, relating from the surveys.