

NO. OF COPIES RECEIVED		
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 # 30-025-27403

Operator Phillips Petroleum Company	
Address 4001 Penbrook, Rm. 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 Leamex	Well No. 30	Pool Name, Including Formation Maljamar G5/SA	Kind of Lease State, Federal or Free	Lease No. B-2148
Location Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>21</u> Township <u>17-S</u> Range <u>33-E</u> , NMPM, <u>Lee</u> County				

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 - Trucks	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"/> or Dry Gas <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					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 24	Twp. 17S	Rge. 33E	Is gas actually connected? Yes	When 8-11-81

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 7-4-81	Date Compl. Ready to Prod. 8-10-81		Total Depth 6200'		P.B.T.D. 6028'			
Elevations (DF, RKB, RT, GR, etc.) 4170 GR	Name of Producing Formation Padlock Grayburg		Top Oil/Gas Pay 4118		Tubing Depth 4555'			
Perforations 4282-4287' 4420-4430' 4466-4470' 4520-4540' 4346-4351' 4458-4462' 4486-4488' 40' - 80 holes					Depth Casing Shoe 6188'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE 11"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 1522'	SACKS CEMENT 400 sxs TLW w/ 1/2"
(Flocele 7 sxs followed w/200 sxs Cl "C" w/2% CaCl ₂ , ran 1" pipe down, annulus stage pumped, 300 sxs, Cl "C" Circ. 43 sxs of last 200 sxs)			
(Cont'd on back)			

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)

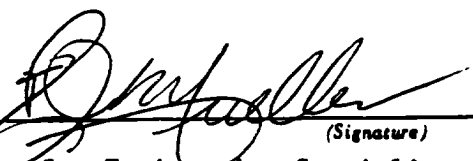
Date First New Oil Run To Tanks 8-5-81	Date of Test 9-23-81	Producing Method (Flow, pump, gas lift, etc.) Pump 2" x 1-1/2" x 18'	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 97	Water - Bbls. 0	Gas - MCF 183

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

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.


(Signature)
Sr. Engineering Specialist
(Title)
9/25/81
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____ Orig. Signed by
Jerry Sexton
TITLE _____ Dist. 1, Supv.

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

RECEIVED

OCT 5 1981


THE CONSERVATION DIV

Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement
7-7/8"	4-1/2"	6188'	1550 sxs TLW
2-3/8"	tbg.	4555'	SN04553'
			(w/10% DD & 7-1/2# Salt/sx, 1/4# Floccle 1 sxs followed by 625 sxs of 1" C" w/2% CaCl. Circ. 78 sxs.)

INCLINATION REPORT

API# 30-025-27403

[illegible]


Signature and Title of Affiant W. J. Muller

Dorothy V. Anderson
Notary Public in and for Ector
County, Texas

June 30, 1984