SANTA FE FILE	REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-J04 and Effective 1-1-65
U.S.G.S. - AND OFFICE I RANSPORTER GAS OPERATOR PROBATION OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL (GAS
Operator	Du Company		
MEWBOURNE (
P.O. BOX 7698 - Reason(s) for Hing (Check proper t New We!1	- <u>IYLER, TX</u> 757 ax) Change in Transporter of:	01her (Please esplain)	
Recompletion Change in Ownership	Oil Dry Go Casinghead Gas Conde		ting allow for May 1986
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AN	DLEASE		
FEDERAL "L"	Well No. Pool Name, Including F	INS (U. BONE SPGS) Itate, Federa	-
Unit Letter;	00 Feel From The SOUTH Lir	ne and 1980 Feet From	The EAST
Line of Section 23	ownship 18-S Range	32-E , NMPM,	EA County
DESIGNATION OF TRANSPO Neite of Authorized Transporter of C PHILLIPS PETROLE Name of Authorized Transporter of C	UM COMP TRUCKS	Address (Give address to which approv	ESSA, TX 79762
If well produces oil or liquids, give location of tanks.	Unii Sec. Twp. Pge.	Is gas actually connected? Whe	en
If this production is commingled v COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	· · · · · · · · · · · · · · · · · · ·
Designate Type of Complet	ion - (X)	New Well Workover Deepen	Plug Back Same Resty. Ditt. Restv.
Date Spudded 4/22/86	Date Compl. Ready to Prod. 5-22-86	Total Depth 9050	P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.) 3766.5' GR	Name of Froducing Formation U. BONE SPRINGS	Top CII/Gas Pay 8474	Tuking Depth 8353.77'
Perforations 8474'-88', 8507'-14', 8520'-38'			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
, 			
TEST DATA AND REQUEST		ter recovery of social volume of load oil a pth or be for full 24 hours)	and must be equal to or exceed top allow-
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	i, elc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Teet	OII-BEL.	Water-Bble.	Gas-MCF
	1	<u> </u>	<u></u>
GAS WELL Actual Prod. Teel-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing P:====(Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	<u>, ()</u>
ommission have been compiled	with and that the information given e best of my knowledge and belief.	DISTRICT I S	BY JERRY SEXTEDN
		TITLE	
Sue trea	ion	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	
PRODUCTION A 5/22/86	NALYST	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-	
5/27/2/	ule)	able on new and recompleted wells.	
	ate)	well name or number, or transporte	be filed for each pool in multiply
		completed wells.	· · · · ·