## STATE OF NEW MEXICO

PRERBY AID MINERALS DEPARTMENT

Phillips Petroleum Company

OIL

1

18-S

4001 Penbrook Street,

II. DESCRIPTION OF WELL AND LEASE

Reason(s) for liling (Check proper box)

| 06. M ( 07110 616) | 1-1- |   |  |
|--------------------|------|---|--|
| DO THIBUTION       |      |   |  |
| SANTA FE           |      |   |  |
| FILE               |      |   |  |
| U.1.0.3.           |      |   |  |
| LAND OFFICE        |      |   |  |
| THANSPORTER        | DIL  |   |  |
|                    | CAP  | 1 |  |
| DFERATOR           |      |   |  |
| PROGRATION OFFICE  |      |   |  |

Operator

Apprena

X New Well

Lease Name

Location

Unit Letter

Line of Section

Recompletion

Change in Ownership

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

Airstrip A State

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revises 10-01-78 Format 05 61-83 Page 1

API No. 30-025-29902

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Odessa, Texas 79762 Other (Please explain) Request for testing allowable of Change in Transporter of: Dry Gas 3000 BO. au 4 1981 Condensate Cosinghess Gos Lease No. Kind of Lease Well No. | Pool Name, Including Formation V - 1987North Airstrip-Bone Spring State, Federal or Fee State Feet From The \_\_West Feet From The <u>South</u> Line and <u>1980</u> Lea County 34**-**E . NMPM. Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Aggress (Give address to which approved copy of this form is to be sent) 4001 Penbrook Street, Odessa, Texas 79762 Address (Give address to which approved copy of this form is to be sent) 'Rge. Is gas actually connected? no APPROVED ORIGINAL SIGNISH BY JERRY SEXTON **GISTRICE I SUPERVISOR** TITLE

> This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepenc.

tests taken on the well in accordance with RULE 111.

able on new and recompleted wells.

completed wells.

well, this form must be accompanied by a tabulation of the deviation

All sections of this form must be filled out completely for allow-

Fill out only Sections 1, II. III, and VI for changes of owner,

Separate Forms C-104 must be filed for each pool in multiply

ell name or number, or transporter, or other such change of condition.

Name of Authorized Transporter of Oil XX or Condensate Phillips Petroleum Company - Trucks Name of Authorized Transporter of Casinghead Gas or Dry Gos Two. ונמט If well produces oil or liquids, 18-S · 34-E give location of tanks. K 15 If this production is commingled with that from any other lease or pool, give commingling order number: 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. J. Mueller Supervisor, Reservoir ineering (Title) August 3, 1987 (Date)

1931

Township

| IV. COMPLETION DATA                |                                       | Oil Mell  | Gas Well                      | New Well                                      | Workever                            | Loepen          | Plug Back       | Same Resty.    | Diff. Fest    |
|------------------------------------|---------------------------------------|-----------|-------------------------------|---|-------------------------------------|-----------------|-----------------|----------------|---------------|
| Designate Type of Completi         | on $-(X)$                             |           | !                             | 1   |                                     | !               |                 | 1              | 1             |
| Date Spudded                       | Date Compl. Ready to Prod.            |           | Total Depth                   |   |                                     | P.B.T.D.        |                 |                |               |
| Elevations (DF, RKB, RT, GR, etc., | Name of Producing Formation           |           |                               | Top OU/Gas Fay                                |                                     |                 | Tubing Depth    |                |               |
| Perfe, milona                      |                                       |           |                               | mm  |                                     |                 | Depth Casi      | ng Shoc        |               |
|                                    | · · · · · · · · · · · · · · · · · · · | TUBIRG,   | CASING, AN                    | D CEMENT                                      | NA RECOR                            | D               |                 |                |               |
| HOLE SIZE                          | CASING & TUBING SIZE                  |           |                               | DEPTH SET                                     |                                     |                 | SACKS CEMENT    |                |               |
|                                    | <del></del>                           |           |                               | <u> </u>                                      |                                     |                 | <del>- i</del>  |                |               |
|                                    |                                       | ·         |                               | -   | <del></del>                         | <del></del>     |                 |                |               |
|                                    |                                       | . — — — — | ·····                         | 1   |                                     |                 | <del> </del>    | <del></del>    |               |
| 7. TEST DATA AND REQUEST           | FOR ALLO                              | WABLE (   | Test must be table for this d | ifler recovery                                | of socal volu<br>full 24 hours      | ne of load oi   | l and must be e | qual to or sec | eed top alion |
| Date First New Oil Run To Tanks    | Date of Tes                           | <b>S</b>  |                               | Producing Method (Flow, pump, gas lift, etc.) |                                     |                 |                 |                |               |
| Length of Test                     | Tubing Pres                           | ww.       |                               | Casing Pre                                    | esure                               | · · · · · · · · | Choke Size      |                |               |
| Actual Prod. During Test Oil-Bhis. |                                       | I-Bbia.   |                               |   | Water - Bbls.                       |                 | Gas-MCF         |                |               |
|                                    | <u></u>                               |           |                               |   |                                     | <del></del>     |                 |                | <del></del>   |
| GAS WELL                           | · · · · · · · · · · · · · · · · · · · |           |                               | <del>., </del>                                |                                     |                 | <del></del>     |                |               |
| Actual Prod. Test-MCF/D            | Length of T                           | e st      |                               | Bbls. Cond                                    | lenzote/MMCF                        | •               | Gravity of      | Condensate     |               |
| Testing Method (pilot, back pr.)   | Tubing Pres                           | nwe (Shut | -ia)                          | Casing Pre                                    | asing Pressure (EDUT-13) Choke Size |                 |                 |                |               |

RECEIVED

AUG 4 1987

OCD HOBBS OFFICE