STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RE	CEIVED					Form C-104 Revised 10-01-78		
DISTRIBUTION SANTA FE						Format 06-01-83		
			OIL CONSERVATIO	Page 1				
FILE			P.O. BOX 2	088				
USGS			SANTA FE, NEW ME	XICO 87501				
LAND OFFICE								
TRANSPORTER	OIL	<u></u>	REQUEST FOR ALLOWABLE					
<u>_</u>	GAS	<u>+</u>	ANI					
OPERATOR	-+-+-	AUTHOF	RIZATION TO TRANSPO	ORT OIL AND NATU	JRAL GAS			
PRORATION OFFICE						API No. 30-025-30446		
Ι.						API NO. 30-023-30440		
Address		eum Company St., Odessa, T	X 79762					
Reason(s) for filing (Check proper	r box)			Other (Please exp	lain)		
New Well			Change in Transporter of:		-			
Recompleti	on			Dry Gas				
Change in C			Casinghead Gas	Condensate				
f change of ownership nd address of previou	usowner							
II. DESCRIPTIO		LAND LEASE						
Lease Name Teact 3127		Well No.	Well No. Pool Name, Including Formation			Lease No.		
Philmex		34	Maljamar Gb/SA		State, Federa Stat			
Location								
Unit Letter	<u> </u>	1980 Feet Fro	om The <u>North</u> Line	e and <u>660</u>	Feet Fro	om The <u>East</u>		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Township

Texas-New Mexico Pipeline Co. Name of Authorized Transporter of Casinghead Gas ⊠ or Dry Gas □ Phillips 66 Natural Gas Co.GPM Gas Corporation					Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) EFFECTIVE: February 1, 1992 4001 Penbrook St., Odessa TX, 79762									
								If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
									K	2 7	17S	33E	Yes	10/16/88

Range

33-E

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

17-S

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

VI.CERTIFICATE OF COMPLIANCE

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Line of Section

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
W. J. Mueller
(Signature)
Engineering Supervisor, Reservoir
(Title)
October 25, 1988
(Date)

APPRO	OIL CONSERVATION DIVISION
BY	ORIGINAL SIGNED BY JERRY SEXTON
	DISTRICT SUPERVISOR
TITLE _	
well, th	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened his form must be accompanied by a tabulation of the deviation iken on the well in accordance with RULE 111.
	All sections of this form must be filled out completely for allow-

NMPM,

Lea

County

able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for cannges of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each nonlin multiply.

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IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff Res'
Date Spudded 9/09/88		Compl Ready to Prod of 'd 9-22-88		Total Depth 4800'			P.B.T.D. 475	P.B T.D. 4752 '	
Elevations (DF, RKB, RT, GR, etc.) Name of P		roducing For rg/San A		Top Oil/Gas Pay 4094 1			Tubing Depth 4590 '		
Perforations Perf'd 5-1/2" csg w/4" OD gun from 4094'-458				' (72'-1	44 holes)	Depth Casing Shoe 4800 '		
	•	TUBING, CA	ASING, AND	CEMENT	NG RECOR	D			
HOLE SIZE CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT			
	8-5/8" 24# K-55			1482' 1000 Sx Class "C", 2%			Class "C", 2%	Cacl.	
							Circ. 230	sx	
5-1/2"		5-1/2* 15	5.5 <i>#</i> K-55		4800'		900 Sx C	ass "C" 300 si	C" Neat
							Circ. 124	sx	

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 10/05/88	Date of Test 10/17/88	Producing Method (Flow, pump, gas lift, etc.) 2" X 1-1/4" X 16' Pmp		
Length of Test 24 Hrs	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls. 45	Water-Bbls. 15	Gas-MCF 29	

GAS WELL

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

RELATES

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Crib NOBBS CARTER