STATE OF NEW MEXICO

NO OF COPIES F	AF CEIVED					Form C-104 Revised 10-01-78
DISTRIBUTI	DN					Format 06-01-83
SANTAFE			OIL CONSERVATION	Page 1		
FILE			P. O. BOX 2	088		
USGS			SANTA FE, NEW MI	XICO 87501		
LAND OFFICE						
	OIL		REQUEST FOR	ALLOWABLE		
TRANSPORTER	GAS		AN	D		
OPERATOR			RIZATION TO TRANSPO	ORT OIL AND NAT	URAL GAS	
PROPATION OFFICE]				API No. 30-025-30448
Ι.						AFF NO. 30-023-30448
Address 4001 P Reason(s) for filing		t., Odessa, T box)	X 79762		Other (Please exp	lain)
	tion			Dry Gas		
	Ownership		Casinghead Gas	Condensate		
change of ownersh nd address of previo	ous owner	AND LEASE				
		Well No.	Pool Name, Including For	mation	Kind of Lease	
Leamex		47	Maljamar Gb/SA		State, Federa Stat	al or Fee
Location			·····			

Unit Letter	L	1980	Feet From The	South	Line and	660	Feet From The	West
Line of Section	25	Township	17-S	Range	33-E	, NMPM,	Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of ()il 🛛	or Conder	Address (Give address to which approved copy of this form is to be sent)				
Phillips Petroleum Co.	- Tru	icks		4001 Penbrook St., Odessa, TX 79762			
Name of Authorized Transporter of Casinghead GasEEFECTIVEDrEebrugry					Address Give address to which approved copy of this form is to be sent)		
Phillips 66 Natural Gas Co. GPM Gas Corporation					4001 Penbrook St., Odessa	TX, 79762	
If well produces oil or liquids, give location of tanks.	Unit C	Sec 36	Twp. 175	Rge 33E	ls gas actually connected? Yes	When 10/05/88	

If this production is commingled with that from any other lease or pool, give commingling order number: = - PLC-76

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 beging.

Mueller (Signature)

Engineering Supervisor, Reservoir

(Title)

October 13, 1988

(Date)

APPROVED		N , 19
BY	Eddie W. Seay	
TITLE	Oil & Gas Inspector	

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 callings 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

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IV. COMPLETION DATA

Designate Type of Completi	on - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dit' Res'v I
		9-07-88		Total Depth 4750 ¹			P.B.T.D. 4712'		
Elevations (DF, RKB, RT, GR, etc.) 4125'GR, 4137' RKB	GR, etc.) Name o' Producing Formation Top Oil		1 - 1	Top Oil/Gas Pay Tubing Depth 4168' 4690'					
Perforations Perf'd 5-1/2" csg w/4"	· OD gui	n from 4	168'-4688	3' (72'-1	44 holes)	Depth Cas 4750 ¹	ing Shoe	
		TUBING, C	ASING AN	D CEMENT	ING RECOR	D			
HOLE SIZE	and the second design of the s	SING & TUBIN			DEPTH SET			SACKS CEM	ENT
12-1/4"		8-5/8* 2			1489'		1000 Sx C	, 2% Cacl2	
12-1/4	+						Circ. 150	sx	
7.7.0#	+	5-1/2 1	5.5#		4750'		1000 S× C	, 5% salt	
7-7/8	+						+ 300 sx	C neat	

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.) OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pr	ump, gas lift, etc.)
9/19/88	10/06/88	2" X 1–1/4" X 1	6' Insert Pmp
Length of Test 24 Hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oii-Bb s.	Water-Ebis.	Gas-MCF
	19	17	18

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
			<u></u>

RECEIVED



K. Jay Reynolds

ROD RIC CORPORATION

P O BOX 1767

MIDLAND [TEX AS 79702 (915) 682-7880

Well Name &	Number	Leamex #47
Operator	Phillip	os Petroleum Company
Location	Section (25, I-17-S, R-33-ELea County, New Mexico

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above described well and that he has conducted deviation tests and obtained the following results:

•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)
495'	495'	1/40	. 44	2.18'	2.18'
990	495	1/2	.87	4.31	6.49
1489	499	3/4	1.31	6.54	13.03
1972	483	1-1/4	2.18	10.53	23,56
2448	476	1	1.75	8.33	31.89
2925	477	1	1.75	8.35	40.24
3401	476	1-1/4	2.18	10.38	50.62
3908	507	1-1/2	2.62	13.28	63.90
4383	475	1-1/4	2.18	10.36	74.26
4750	367	1-1/2	2.62	9.62	83.88
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RECORD OF INCLINATION



Drilling Contractor: ____ Rod Ric Corporation

cay of

Notary

By:

My Commission Expires

Midland County, Texas

Public