Submit 5 Copies
Appropriate District Office
DISTRICT!
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

1.	_	TOTAL	ANSP	OHIO	L AND NA	ATURAL G	ias				
Operator							Well	API No.			
Phillips Petroleum Company Address						30-025-30490					
4001 Penbrook St	. Odessa	a, Tx.	7976	2				كأثر	DE (PI	en de la compa	
Reason(s) for Filing (Check proper box)					X Ot	her (Please exp	lain)		-96	an AR	
New Well		Change in	7						400	•	
Recompletion Oil Dry Gas Change in Operator Casinghead Gas X Condensate						, //		- A	APR 2	O 1989 VATION DIV.	
If change of operator give name	Casangne	ad Gas 💢	Conder	istic		show g	as Can	nection	E CONCER	1/4=:=	
and address of previous operator					·				SANT	VATION DIV.	
II. DESCRIPTION OF WELL	AND LE	ASE	7 - 1/-10								
Lusk Deep Unit-A	eep Unit-A Well No. Pool Name, Include Pool N				- I			Kind of Lease State, Federal or Fee		Lease No.	
Location		114] Lus.	k (Del	aware) k	lest	Suite	, reactal or re	LC-0	165710-A	
Unit LetterO	_ :33	30	Feet Fn	om The S	outh 15	ne and <u>198</u>	i0 -	Th-	Fact	• .	
5 1 20 -						× 4141	г	ect riom the	Lase	Line	
Section 20 Townsh	ip 19-	<u>-S</u>	Range	32-E	, N	IMPM, L	ea			County	
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	X	or Conder	nsate		Address (Gi	ve address to w	hich approved	copy of this f	orm is to be s	ent)	
Phillips Petrolet Name of Authorized Transporter of Cosin	ım Co					nbrook S					
Name of Authorized Transporter of Casinghead Gas or Dry Gas Phillips 66 Natural Gas Co.					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids,				4001 Penbrook St., Odessa, Tx. 79762							
ive location of tanks.	J	_20	198	L 32E	Yes		:	arch 16,	1989		
f this production is commingled with that V. COMPLETION DATA	from any oth	er lease or	pool, give	e comming	ling order num	ber:					
		Oil Well	l G	ias Well	New Well	Workover	Deepen	Dlug Dock	Same Res'v	Diff Res'v	
Designate Type of Completion		<u>i</u>	i		İ	İ		ridg back	Same Kes v	Dill Kesv	
Date Compl. Ready to Prod.					Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
								1 doing Dept	Tuoling Deput		
'erforations					-			Depth Casin	g Shoe		
		HRING	CASIN	IC AND	CEMENITO	NC DECOR					
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				CEMENTI	DEPTH SET	D		ACKS CEN	CNT	
								SACKS CEMENT			
											
. TEST DATA AND REQUES								L		<u> </u>	
IL WELL (Test must be after relate First New Oil Run To Tank			of load oi	il and must	be equal to or	exceed top allo	wable for this	depth or be fo	or full 24 hou	rs.)	
ate risk New Oil Run 10 Tank	Date of Test				Producing Me	ethod (Flow, pu	mp, gas lift, e	tc.)			
ength of Test	Tubing Pressure				Casing Pressu	ire		Choke Size	Choke Size		
				Water - Bbls.			Gas- MCF				
ctual Prod. During Test	Oil - Bbls.										
GAS WELL	1							<u> </u>			
ctual Prod. Test - MCF/D	Length of T	est			Bols. Conden	sate/MMCF		Gravity of Co	onden sate		
								or constant			
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
T ODED ATOD CEDITIES	A TEL OF										
I. OPERATOR CERTIFIC				CE		DIL CON	SERVA	ATION F	DIVISIO	M	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION APR 2 4 1989						
is true and complete to the best of my k	nowledge and	belief.			Date	Approved	t	AFT &	# 1303	1	
J.M. Las	^							MED BY JE	RY SEXTO	N	
Signature					By DISTRICT I SUPERVISOR						
J. M. Hastings Printed Name	Prod.		s Sup Title	<u>ervi</u> sc			-			et Car	
April 17, 1989	915-	367-14			Title_	Spanish to the state of the sta					
Date		Telep	hone No.								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.