Appropriate Learner Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

JIL CONSERVATION DIVISION

Elicigy, militaris and iranian resources expansions

P.O. Box 2088

See Instructions at Bottom of Page

RECEIVED

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	San	u re, new m	EXICO 8/30	4-2000				. 100	
•	LE AND AUTHORIZATION AND NATURAL GAS				MAY -	- 4 '90			
Operator					Well A	Pl No.	0.	C. D.	
Phillips Petroleum (	Company				30-0	025-3051	. —	A, OFFICE	
ddress	······································						7 10 20 11	,	
4001 Penbrook St., 0	Odessa, 79762								
leason(s) for Filing (Check proper box)			Othe	r (Please expla	in)				
iew Well X	Change in 7	numporter of:	_						
Recompletion		Ory Gas							
Change in Operator	_	Condensate							
change of operator give name ad address of previous operator		<u> </u>		·	·- ·				
L DESCRIPTION OF WELL	AND LEASE			-					
Lease Name	Well No.   Pool Name Inches			ing Formation Kind o			of Lease No.		
Lusk Deep Unit-	-A 1/	Lusk (Del	aware) W	lest	State, 1	Federal or Fee	LC-0	65710-A	
Unit LetterA	:3301	Feet From The $\frac{N}{2}$	Line	330	Fo	et From The	E	Line	
Section 20 Township	19-S	Range 32-E	, N	ирм, Е	ldy Z	<b>₽</b> A		County	
II DESIGNATION OF TRANS		. A N TO N 1 4 TO T							
II. DESIGNATION OF TRANS  Name of Authorized Transporter of Oil								-1	
Phillips Petroleum Company			Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, Texas 79762					762	
Name of Authorized Transporter of Casing Phillips 66 Natural Ga	· · · · ·					copy of this form is to be sent) essa, Texas 79762			
f well produces oil or liquids,		Wp. Rge.	is gas actually		When		mus 1)	702	
ive location of tanks.	•	19-S <b>i</b> 32 <b>-</b> E		,		4/17/90	)		
this production is commingled with that fi				ber:			<b>,</b>		
V. COMPLETION DATA	•	,,,							
Designate Type of Completion -	(X) Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to 1	Prod	Total Depth	l	L	P.B.T.D.	L	ــــــــــــــــــــــــــــــــــــــ	
11/15/89	1/25/90			7500 <b>'</b>		7173	۱ د		
	Name of Producing For	mation	Top Oil/Gas		-	<del> </del>			
3591.7' GL, 3605.7' KI			6476'			Tubing Depth 7220'			
6476 - 6484	·		L			Depth Casing Shoe			
	TURNIC (	CACING AND	CELCENTE	NC RECOR		<u> </u>		<del></del>	
HOLE SIZE	TUBING, CASING AND		<del> </del>						
17-1/2"	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12 1/4	13-3/8''		882'			1000 Sk C			
12-1/4	8-5/8"		4510'			1450 sk C & H			
7-7/8''	5-1/2''		7220'			800 sl	<u> </u>		
CONTRACTOR DESCRIPTION	_2-7/8''		<u>  6500'</u>			<u> </u>			
. TEST DATA AND REQUES									
IL WELL (Test must be after re	covery of total volume of	fload oil and must					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		1	ethod (Flow, pa	mp, gas lift, d	sc.)	•		
1/25/90 ength of Test	4/19/90 Tubing Pressure		pumping Casing Pressure			Choke Size			
24 hrs.					<u></u>				
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF			
	86		48			73			
GAS WELL									
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate				
ssting Method (pitot, back pr.)	Tubing Pressure (Shut-	Casing Pressure (Shut-in)			Choke Size				
T ADDRATOR CERTIFIC	ATE OF CO.	TANCE	<del></del>			1			
L OPERATOR CERTIFICATION I hereby certify that the rules and regular Division have been complied with and the	tions of the Oil Conserva	ition		OIL CON	NSERV.	ATION	DIVISIO	N	
is true and complete to the best of my k	nowledge and belief.		Date	Approve	d	MAY.	7 199	9	
Signature Signature	is_		By_	ODIO!!!	I CIGNED	BA Jeoba	SEXTON	<del>-</del>	
T // Monlog \Asst	Domilation C	Description	11 -, -	<b>UKIUIN</b>	T- CICHEL				

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

367-1411

1' Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title\_

DISTRICT I SULLING

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Regulation & Proration

Title

Telephone No.

- 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.