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Appropriate District Office
DISTRICT I
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 Instruction at Bottom of Page

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		<u>- ano</u>	Well	API No.	<del></del>						
PHILLIPS PETROLEUM COMPANY					30-025-30523						
4001 Penbroo	k St 0	dessa.	ТΧ	79762							
Reason(s) for Filing (Check proper box)			A	7 37 02	Other (Please			_			
New Well		Change in	Transpor	nter of:	Outer (1 tease	espain)					
Recompletion	Oil		Dry Gas	. $\square$							
Change in Operator	Casinghea	d Gas	Conden	tate 🗌							
If change of operator give name and address of previous operator	· · · · · · · · · · · · · · · · · · ·										
II. DESCRIPTION OF WELI	AND LEA	ASE									
Lease Name		Well No. Pool Name, Includi			ling Formation			of I assa	<del>-                                    </del>		
Lusk Deep Unit-A		1			aware) West			Kind of Lease No. State, Federal or Fee LC-065710			
<b>Location</b> B	3	30				<del></del>	1			300710 71	
Unit Letter	:		Feet Fro	m The	Line and	556	F	eet From The	Ε	Line	
Section 20 Townsh	19-S		_	32-E	,			oct i folii i i ic		Line	
Section Towns	lip -		Range	<u> </u>	, NMPM,	.ea				County	
III. DESIGNATION OF TRAI	NSPORTE	R OF OI	L AND	NATU	RAL GAS						
Name of Authorized Transporter of Oil Phillips Petrole	F3753	or Condens	sate [	7	Address (Give address !	o which a	proved	copy of this f	orm is to be s	ent)	
Name of Authorized Transporter of Casin		- <del></del>			4001 Penbroo	k St.	, Od	essa, TX	79762	>	
Phillips 66 Natu	iral Gas	On Dry Gas			Address (Give address to which app			proved copy of this form is to be sent)			
If well produces oil or liquids,			Twp.	Roe	4001 Penbroo	K St.			xas 79	762	
rive location of tanks.	J	20	19-S	32-E	Yes	u.;	When	3/18	/90		
f this production is commingled with that V. COMPLETION DATA	from any other	er lease or p	ool, give	commingl	ing order number:		L	3/ 10	7 50	<del></del>	
v. COMPLETION DATA		10:11:11	<del></del>								
Designate Type of Completion	- (X)	Oil Well	Ga	s Weil	New Well   Workove	r De	epen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl		Prod.		XX Total Depth	L		2222			
1/26/90	3/18/90				7220'			P.B.T.D. 7200 '			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
GL 3588', KB 3597.6'	Delaw	vare	6468'				6487'				
6468'-6481'							Depth Casing Shoe				
	π	JBING C	'A SINC	AND	CEMENTING RECO	OBD		<u> </u>	72	20'	
HOLE SIZE	CASING & TUBING SIZE			E	DEPTH SET			SACKS CEMENT			
17-1/2"	13-3/8"				870'			1000 sk C			
12-1/4" 8-5					4500'			3230 sk C, H & Neat			
7-7/8" 5-1/					7220'			900 sk C			
. TEST DATA AND REQUES	2-7/ ST FOR AL	LOWAL	RLF	1	6487'			L			
IL WELL (Test must be after r	ecovery of total	l volume of	load oil	and must i	pe equal to or exceed top	allounble	for this	alamek k. e	6 11 04 1		
I HE I I OH I KEEL TO TELLE	Date of 162				Producing Method (Flow	, pump, ga	s lift, ei	ic.)	W Juli 24 hou	rs.)	
3/18/90	/90	·		pumping	•	-7					
ength of Test 24 hrs.	Tubing Press	ure 0#			Casing Pressure			Choke Size			
ctual Prod. During Test	Oil - Bbls.	U# 			Water - Bbis.						
-	42.5				29.7			Gas- MCF			
GAS WELL	<del></del>				£3.1			307			
ctual Prod. Test - MCF/D	Length of Te	st			Bbls. Condensate/MMCF			Gravity of Co	ndenent-	<del></del>	
								,, s			
sting Method (pitot, back pr.)  Tubing Press		sure (Shut-in)			Casing Pressure (Shut-in)		Choke Size				
ON CERTIFIC	ATE OF	301 /DI	T A 3.7~								
I hereby certify that the rules and regula	tions of the Oi	JUNAPL.	LALIU LA		Oil co	ر در الرابع الم	711E		POINT	NN 1	
Division have been complied with and t	hat the informs	tion given :	above		<b></b>						
is true and complete to the best of my k	nowledge and	belief.			Date Approv	and .		JUN	1211	990	
( Ih M/n	Olo				Date Apploy						
Signature  Maples, Asst., Regulation &  Proportion					Ву	ORIGII	VAL S	ionied by	JERRY SE	XTON	
J./L. Maples, Ass	t., ĸegu	ilation r	\&		<i></i>		UIST I	KICT I SUP	RVIEOR	**	
Printed Name		Ti	atior		Title					· browning	
Date 6/14/90 (915)	367-1411	Telepho	ne Nin			<del></del>					
		revebrio	ARC IVO.	- 11	1						

## 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
- 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.

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