Submit 5 Copies
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 Instructions
at Bottom of Page

ton

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		10 IH/	NS	PORT OIL	- AND NA	TURAL G					
Operator Phillips Petroleu	ps Petroleum Company						Well API No. 30-025-20868				
Address 4001 Penbrook Str	eet, O	dessa	,	TX 797	62						
Reason(s) for Filing (Check proper box)			<u> </u>			et (Please expl	ain)				
New Well		Change in	Trac	sporter of:	_						
Recompletion	Oil		Dry	Gas 🗆	Ef	fective	a 7 - 1-	0.3			
Change in Operator	Casinghe	nd Gas 🔲	Con	densate		LICCLIV	C , <u>T</u>))			
If change of operator give name and address of previous operator MC	bil Pr	oduci	ng	TX & N	M, Inc.	, 9 Gr	eenway	Plaza		700, Ho	
II. DESCRIPTION OF WELI Lease Name	L AND LE	· · · · · ·	n	• h1 1			1			77046	
m								of Lease No. Reduced or Rec Lease No. B-2273		ease No. 273	
Location E	. 38	0	-	,	Woot	1.00	20			_	
Olin Detier	'		_ Feet	From The	WESL Lin	e and	<u> </u>	et From The	Nort	<u>Line</u>	
Section 34 Towns	hip 17-	S	Ran	<u>se</u> 35−E	, N	МРМ,	Lea			County	
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		OF OF O		ND NATU				-			
Texas-New Mexico	Pipe I.				1	e address to wi				nt)	
Name of Authorized Transporter of Casi		THE C		bry Gas	Address (Giv	28 Hol	DDS N	N 8824	form is to be		
GPM Gas Corporati						enbrool					
If well produces oil or liquids,	Unit	Sec.	Twp		Is gas actuall		When		-55 <u>4, 1</u>	<u> </u>	
give location of tanks.	D	34		S 35E	Yes		<u> </u>				
If this production is commingled with the IV. COMPLETION DATA	t from any oth	ner lease or	pool,	give comming!	ing order numi	ber:	····	<u></u>			
Designate Type of Completion	1 - (20)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod		Total Depth		L	P.B.T.D.	<u> </u>	J	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casir	- m	<u>. </u>	
								Depui Casir	ig Snoe		
					CEMENTI	NG RECOR	D				
HOLE SIZE CASING & TUBING SIZE				G SIZE	DEPTH SET			SACKS CEMENT			
											
				.*.							
V. TEST DATA AND REQUE	ST FOR A	ILOW	ARI	r ·							
OIL WELL (Test must be after					be equal to or	exceed top allo	wable for this	depth or be	for full 24 hour	rs.)	
Date First New Oil Run To Tank	Date of Te					thod (Flow, pu			<u> </u>		
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COM	TTA	NCE				L			
I hereby certify that the rules and regularities of the Division have been complied with and	lations of the	Oil Conserv	ation			OIL CON	SERV	NOITA	DIVISIO	N	
is true and complete to the best of my	knowledge an	nd belief.		- -	Date	Approved	اللك ن	0819	93		
of Oyl	alle				By	ORIGI	NAL SIGNI	ED BY JERI	RY SEXTON	4 .	
Signature L. M. Sanders St	pv. I	Regula		ry Affa	irs		DISTRICT	I SUPERVI	SOR		
	915-368			Na	Title_			7			
Date		Tele	phone	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.

(93)