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## State of New Mexico ergy, Minerals and Natural Resources Departn

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

## **GIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

|   | 7                                      | O TRA                         | NSP                    | ORT OIL          | AND NAT         | TURAL GA                                | <u>us</u>       | N 1                   |                          | ·                   |  |
|---|--|-------------------------------|------------------------|------------------|-----------------|---|-----------------|-----------------------|--------------------------|---------------------|--|
| erator  |  |                               |                        |                  |                 |   | Well A          |                       |                          |                     |  |
| hillips Petroleum   |  |                               | 30-                    | 025–21352        | 25-21352        |   |                 |                       |                          |                     |  |
| ress  | L 03.                                  | m ·                           |                        | 10762            |                 |   |                 |                       |                          |                     |  |
| 001 Penbrook Stree  |  | , rexa                        | .s /                   | 9762             | X Othe          | er (Please expla                        | uin)            |                       |                          |                     |  |
| Well  |  | Change in                     | Transpe                | orter of:        | سيه             | •                                       |                 | me & Well             | Numbe                    | r from              |  |
| ompletion   | Oil                                    |                               | Dry G                  |                  |                 | ate B-15                                |                 |                       |                          |                     |  |
| nge in Operator   | Casinghead                             | i Gas 🔲                       | Conde                  | nsate 🗌          |                 | fective                                 |                 |                       |                          |                     |  |
| ange of operator give name  | rco Oil &                              |                               | omna.                  | ny Boy           |                 |   |                 | 9701                  |                          |                     |  |
| address of previous operator Al   | CO OII &                               | Gas Co                        | Jilipa                 | IIY/ DOX         | +010/ 1         |   |                 |                       |                          |                     |  |
| DESCRIPTION OF WEL  | L AND LEA                              | SE                            |                        |                  | -               |   | Vind o          | flores Chat           | <u> </u>                 | ase No.             |  |
| se Name Tract 20  | 1                                      | Well No. Pool Name, Including |                        |                  | State, P        |   |                 | Lease State Lease No. |                          |                     |  |
| <u> acuum Glorieta Eas</u>  | t Unit                                 | _1                            | Vā                     | Cuum Gl          | orieta_         |   |                 |                       | <u> </u>                 |                     |  |
| ation   |  |                               |                        |                  | . (. 1          | . 1800                                  | ) <sub>5</sub>  | et From The           | West                     | Line                |  |
| Unit Letter F   | :198                                   | 30                            | Feet F                 | rom The .NC      | orrn La         | e and1800                               | F               | et Promitie           |                          |                     |  |
| Section 30 Town   | nship 17-S                             | 3                             | Range                  | 35 <b>-</b> E    | _, N            | MPM,                                    | Lea             |                       |                          | County              |  |
| 29CDOD 00 10W   | <u> </u>                               | <u> </u>                      |                        |                  |                 |   |                 |                       |                          |                     |  |
| DESIGNATION OF TR   | ANSPORTE                               | R OF O                        | L AN                   | D NATU           | RAL GAS         |   |                 | copy of this form     | - ie to be se            |                     |  |
| ne of Authorized Transporter of O                                       | ii X                                   | or Conden                     | sate                   |                  | Address (Un     |   |                 |                       |                          |                     |  |
| <u> Texas-New Mexico Pi</u>   |  |                               |                        |                  | P. O.           | Box 421                                 | Nous            | copy of this form     | s ///4.<br>n is to be se | mt)                 |  |
| me of Authorized Transporter of C                                       |  | X.                            | or Dry                 | / Gas            | 1               |   |                 |                       |                          |                     |  |
| <u>GPM Gas Corporation</u>  |  |                               | 175                    | Rge.             | 4044            | enbrook<br>ly connected?                | Street. When    | Odessa                | Texas                    | / <del>9/02</del> - |  |
| well produces oil or liquids,<br>e location of tanks.                   | Unit                                   | Sec. 31                       | <b> Тwp</b> .<br>  179 | :                | Yes             | iy oogaaaaa.                            |                 | -29-65                |                          |                     |  |
| nis production is commingled with                                       | A                                      |                               |                        |                  |                 | iber:                                   | L               |                       |                          |                     |  |
| COMPLETION DATA   | that from any ou                       | El RELEC OI                   | pout, g                |                  |                 |   |                 |                       |                          |                     |  |
| CONFESTION DATA   |  | Oil Well                      |                        | Gas Well         | New Well        | Workover                                | Deepen          | Plug Back S           | ame Res'v                | Diff Res'v          |  |
| Designate Type of Complet   | ion - (X)                              | i                             | į                      |                  | Ì               | <u>L</u>                                | 1               | <u> </u>              |                          |                     |  |
| le Spudded  | Date Com                               | pi. Ready to                  | Prod.                  |                  | Total Depth     |   |                 | P.B.T.D.              |                          |                     |  |
|   |  |                               |                        |                  | Top Oil/Gas Pay |   |                 | Tubing Depth          |                          |                     |  |
| levations (DF, RKB, RT, GR, etc.) Name of Producing Formation           |  |                               |                        | Top Oil Cas 1 ay |                 |   | Towns to her    |                       |                          |                     |  |
| Z-110-0   |  |                               |                        |                  | <u></u>         |   |                 | Depth Casing          | Shoe                     |                     |  |
| rforations  |  |                               |                        |                  |                 |   |                 |                       |                          |                     |  |
|   |  | TUBING.                       | CAS                    | ING AND          | CEMENT          | ING RECOI                               | RD              |                       |                          |                     |  |
| HOLE SIZE   |  | CASING & TUBING SIZE          |                        |                  |                 | DEPTH SET                               |                 |                       | SACKS CEMENT             |                     |  |
| TIOLE GILL  |  | OASING & FEBRUARIES           |                        |                  |                 |   |                 |                       |                          |                     |  |
|   |  | -                             |                        |                  |                 |   |                 |                       |                          |                     |  |
|   |  |                               |                        |                  |                 |   |                 |                       |                          |                     |  |
|   |  |                               |                        |                  |                 |   |                 | <u> </u>              |                          |                     |  |
| TEST DATA AND REQ   | UEST FOR                               | ALLOW                         | ABLI                   | E                |                 |   | llowable for th | ie denth ar he fa     | r full 24 ha             | urs.)               |  |
|   | fier recovery of t                     |                               | of load                | 1 ou ana mus     | Producing N     | Method (Flow, p                         | oump, gas lift, | etc.)                 | <del></del>              |                     |  |
| te First New Oil Run To Tank  | Date of To                             | eg                            |                        |                  | 110             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 7.0             | ·                     |                          |                     |  |
| at of Tord  | Tubing Pe                              | Tubing Pressure               |                        |                  |                 | Casing Pressure                         |                 |                       | Choke Size               |                     |  |
| ength of Test   | I doing r                              |                               |                        |                  |                 |   |                 |                       |                          |                     |  |
| ctual Prod. During Test   | Oil - Bbls.                            |                               |                        |                  | Water - Bbls.   |   |                 | Gas- MCF              |                          |                     |  |
| the rior being ros  |  | -                             |                        |                  |                 |   |                 |                       |                          |                     |  |
| A C TITEL I   |  |                               |                        |                  |                 |   |                 |                       |                          |                     |  |
| GAS WELL ctual Prod. Test - MCF/D                                       | Length of                              | Length of Test                |                        |                  |                 | Bbis. Condensate/MMCF                   |                 |                       | Gravity of Condensate    |                     |  |
| CUMI FICH. 1661 - MICHE   |  | and the same                  |                        |                  |                 |   |                 |                       |                          |                     |  |
| sting Method (pitot, back pr.)  | Tubing P                               | Tubing Pressure (Shut-in)     |                        |                  |                 | Casing Pressure (Shut-in)               |                 |                       | Choke Size               |                     |  |
| arring scenarion (hunne) name he i                                      |  |                               |                        |                  |                 |   |                 |                       |                          |                     |  |
| L OPERATOR CERTI  | EIC ATE O                              | E COM                         | DI IA                  | NCF              | 7               |   |                 |                       | N // O !                 |                     |  |
| I, OPERATOR CERTI   | FICATE O                               | T. COIAT                      | ervation               | LICL             |                 | OIL CO                                  | NSERV           | 'ATION [              | JIVISI                   | ON                  |  |
| I hereby certify that the rules and<br>Division have been complied with | regulations or m<br>h and that the inf | ormation ei                   | ven ab                 | ove              |                 | te Approv                               | ner a           | (40)                  |                          |                     |  |
| is true and complete to the best of                                     | f my knowledge                         | and belief.                   |                        |                  | Dat             | te Annrov                               | ed              | ্য :3 <b>3</b> 3      |                          |                     |  |
| $\mathcal{A}$   |  |                               | 1                      |                  |                 |   |                 |                       |                          |                     |  |
| ' X MIN   | 11 Inc                                 | lez_                          | _                      |                  | 11              | 0                                       | HGINAL SK       | GNED BY JEI           |                          | ION                 |  |
| Signature   |  |                               |                        |                  | By.             |   | DISTR           | CT I SUPERV           | /ISOR                    |                     |  |
| L. M. Sanders - Su  | pervisor                               | Regula                        | tory                   | <u>Affair</u>    | s               |   |                 |                       |                          |                     |  |

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

Printed Name

11-22-93 Date

> 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.

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

Title

) 368-1488 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.