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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Pubco Petroleum Corporation		CASINGHEAD GAS MUST NOT BE FLARED AFTER 8/10/72 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Address P. O. Box 869, Albuquerque, New Mexico 87103		
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Other (Please explain) REQUEST TESTING ALLOWABLE STRAWN 11,430-11,452 & 11,464-11,468		

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
INDICATE HERE

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shipp	Well No. 2	Pool Name, Including Formation Wildcat (Strawn)	Kind of Lease State, Federal or Fee Fee
Location Unit Letter J ; 2130 Feet From The East Line and 1980 Feet From The South Line of Section 11 , Township 17S Range 37E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PETROLEUM CO.	Address (Give address to which approved copy of this form is to be sent) ADAMS BLDG., BARTLESVILLE, OKLA.					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 11	Twp. 17S	Rge. 37E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4/18/72	Date Compl. Ready to Prod.		Total Depth 11,685'		P.B.T.D. 11,655'			
Pool Undesignated	Name of Producing Formation Strawn		Top Oil/Gas Pay 11,430'		Tubing Depth 11,492'			
Perforations 11,430 - 11,452 & 11,464 - 11,468					Depth Casing Shoe 11,685'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		420'		374 sxs.			
12-1/4"	9-5/8"		4800'		675 sxs.			
8-3/4"	5-1/2"		11685'		700 sxs.			
5-1/2"	2-3/8"		11492'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)


Date First New Oil Run To Tanks 6-10-72	Date of Test 6-11-72	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 24 Hours	Tubing Pressure 700 psi	Casing Pressure PKR.	Choke Size 24/64"
Actual Prod. During Test	Oil-Bbls. 758.00	Water-Bbls. 0	Gas-MCF 1260

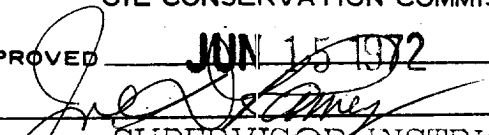
GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Charles W. Sanders (Signature)
Area Production Manager
(Title)
6-11-72
(Date)

OIL CONSERVATION COMMISSION
APPROVED **JUN 15 1972**, 19
BY 
TITLE **SUPERVISOR DISTRICT I**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply