Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico rgy, Minerals and Natural Resources Departm.

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

IL DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Unit Letter 1980 Feet From The South Line and 1980 Feet From The Lease Name Section 35 Township 19-S Range 33-E, NMPM, Lease Well No. Pool Name, Including Formation Unit Letter 1980 Feet From The South Line and 1980 Feet From The Lease Name Section 35 Township 19-S Range 33-E, NMPM, Lease Co III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate Address to which approved copy of this form is to be sent) Phillips (of Company Or Dry Gas Address to which approved copy of this form is to be sent) Phillips (of Company Or Dry Gas Address to which approved copy of this form is to be sent) Phillips (of Company Or Dry Gas Address to which approved copy of this form is to be sent) Phillips (of Company Or Dry Gas Address to which approved copy of this form is to be sent) Phillips (of Company Or Dry Gas Address to which approved copy of this form is to be sent) Phillips (of Company Or Dry Gas Address to which approved copy of this form is to be sent) Phillips (of Company Or Dry Gas Address to which approved copy of this form is to be sent) Phillips (of Company Or Dry Gas Address to which approved copy of this form is to be sent) Phillips (of Company Or Dry Gas Address to which approved copy of this form is to be sent) Phillips (of Company Or Dry Gas Address to which approved copy of this form is to be sent) Phillips (of Company Or Dry Gas Address to which approved copy of this form is to be sent) Phillips (of Company Or Dry Gas Address to which approved copy of this form is to be sent) Phillips (of Company Or Dry Gas Address to which approved copy of this form is to be sent) Phillips (of Company Or Dry Gas Address to which approved copy of this form is to be sent) Phillips (of Company Or Dry Gas Address to which approved copy of this form is to be sent)	O. Line
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Phillips (of Company Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Phillips (ob Company Or Dry Gas Address (Give address to which approved copy of this form is to be sent) Phillips (ob Company Or Dry Gas Address (Give address to which approved copy of this form is to be sent) OC 4 Adams Blog - Part Esville, OR 74 If well produced oil or liquids, pive location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number:	K7400
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If well produces oil or liquids, Unit Set. Twp. Rge. Is gas actually connected? When? -1.5 - 94 If this production is commingled with that from any other lease or pool, give commingling order number:	1004
give location of tanks. J 25 19-5 33-E 19-5 33-E 19-5	
IV. COMPLETION DATA	
Oil well One well them well them well	Res'v
Designate Type of Completion - (X)	<u> </u>
13 / 50	'
The state of Decision Countries 100 Ul/US 129	,
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 12, 055	
Depth Casing Shoe	,
12, 175'-187'	
TUBING, CASING AND CEMENTING RECORD	
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT	
0 14	
7 7/8" 5 1/2" 13, 650" 150	
V. TEST DATA AND REQUEST FOR ALLOWABLE	
OII. 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 Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)	İ
1-15-94 $1-22-94$ Flowing Choke Size	
Length of Test 24 la 175	
Actual Prod. During Test Oil - Bbls. 39 Water - Bbls. Gas- MCF	
GAS WELL Actual Prod. Test - MCF/D 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 CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Orig. Signed by	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved Orig. Signed by Prul Fautz Closing and belief.	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved Orig. Signed by Prul Fautz	

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.