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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Phillips Petroleum Company	Well API No. 30-025-30221
Address 4001 Penbrook St. Odessa, TX 79762	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 22	Well No. 1	Pool Name, Including Formation South Shoe Bar-Atoka	Kind of Lease State, Federal or Fee	Lease No. B-2264
Location Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line Section 22 Township 17-S Range 35-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1320, Hobb, NM 88240 & P.O. Box 2148,					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes	When? 2/3/89

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 10/21/88	Date Compl. Ready to Prod. 12/16/88	Total Depth 12596'		P.B.T.D. 12550'				
Elevations (DF, RKB, RT, GR, etc.) 3948.8' GR, 3964.8' RKB	Name of Producing Formation Atoka		Top Oil/Gas Pay		Tubing Depth 11868'			
Perforations 12002-12008'					Depth Casing Shoe 12596'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		515'		700 sk C			
11"	8-5/8"		5000'		2900 sk C & Neat			
7-7/8"	5-1/2"		12596'		2000 sk H			

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 473	Length of Test 1 hr.	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 1170	Casing Pressure (Shut-in) packer	Choke Size 1"

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Signature L.M. Sanders
L.M. Sanders, Supervisor, Reg. & Pro.
Printed Name 2/1/89 (915) 367-1488 Title
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 14 1989
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title

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.