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 1-1-29 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L		OTR	ANS	SPORT OIL	AND NAT	URAL GA					
Operator							į į	PI No.	PI No.		
Phillips Petroleum (coleum Company						30	-025-30615			
Address	_										
4001 Penbrook Street Reason(s) for Filing (Check proper ba		, Te	xas	79762	Orbo	r (Please expla					
New Well		Change	in Tra	asporter of:	Cuic	() isose explo	411)				
Recompletion	Oil		_	Gas							
Change in Operator	Casinghead	Gas [_ `	ndensate							
If change of operator give name											
and address of previous operator								 			
IL DESCRIPTION OF WEL	L AND LEA	SE									
Lease Name	'	Well No. Pool Name, Includi			ng Formation		1 :	of Lease Federakor Fee		Lease No.	
M. E. Hale		21	V	acuum Gra	yburg/ S	an Andre	s	XWHKMXW	х <u>В</u> -	-2317	
Location	:				. 1	2046					
Unit Letter O	1194		Fee	t From The	outh Line	and) Fe	et From The	east	Line	
Section 35 Town	mahip 17-s		D.	nge 34-	.r NN	(PM.			Lea	County	
Sector 51 10W	<u> </u>			34.	<u>,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	21 174			LEa_		
III. DESIGNATION OF TR	ANSPORTER	OF (OIL	AND NATU	RAL GAS		·				
Name of Authorized Transporter of Oi		or Cond	ensale		1	address to wh				nt)	
Texas-New Mexico Pipeline Company					Box 2528, Hobbs, New Mexico 88240						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas CO					Address (Give address to which approved copy of this form is to be sent)						
									xas /9/0	04	
If well produces oil or liquids, give location of tanks.	_ Մամե : ^	Sec. 35	:	p. Rge. 7-9 34-E	is gas actually yes	COMMECTED!	Whea	1 -18 - 89			
if this production is commingled with t	hat from any other					er. pc	-725	10 05			
IV. COMPLETION DATA	, 		. ,	, ,							
		Oil We	:11	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completi	on - (X)	Х		Ĺ	Х		l			1	
Date Spudded	Date Compl	Dute Compl. Ready to Prod.				Total Depth			P.B.T.D.		
7-08-89		perf'd 8-04-89				4800 ' Top Oil/Gas Pay			4755		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				•			Tubing Depth			
4014' GR: 4024'RKB Grayburg-San Andres					4354'			Depth Casing Shoe			
Perf'd 5-1/2" csg w	/4" OD cs	a au	n 25	SPF from 4	1354'-464	15'		1 -	800 '		
				SING AND			D		-		
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
17-1/2"	13-3/	13-3/8" 54.5# J-55		1547'			1500 sx Class "C"				
								ļ			
7-7/8"	5-1/	5-1/2" 14# J-55			4800'			1900 sx "C" 65/35 Poz			
U TECT DATA AND DEGL	IECT COD A	ST COD ALLOWARIE						+ 260 sx "C" Neat.			
V. TEST DATA AND REQU OIL WELL (Test must be aft	er recovery of tou				he equal to or	exceed top all	ounble for thi	e denth or he t	or full 24 kau	ze)	
Date First New Oil Run To Tank	Date of Test		e oj ic	da oa ana masi		thod (Flow, pu			Or) =	.,	
8-18-89		3-21-89				2½" x 1-3/4" x 26' insert pump					
Length of Test	Tubing Pres				Casing Pressu			Choke Size	run <u>t</u> 7		
24 hrs	1										
Actual Prod. During Test	Cil - Bbls.					Water - Bbls.			Gas- MCF		
	40	4			Ø			163			
GAS WELL											
Actual Prod. Test - MCF/D	Langth of T	est			Bbis. Conden	sate/MMCF		Gravity of C	condensate		
									Choke Size		
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
					l			<u> </u>		···	
VI. OPERATOR CERTIF					(OIL CON	SERV	ATION	DIVIŠIO	NC	
I hereby certify that the rules and re Division have been complied with:	-								5 1		
is true and complete to the best of a					Dota	Annrous	,-i	OCI	o F	70 8	
1	-				Date	Approve		Clamed by			
Cistene tinchan	Chleno tincham					Orig. Signed by Paul Kautz					
Signature					By_		F a	eologist			
L. M. Sanders, Reg	. & Pro.	Supe	<u>cvis</u> Tu								
8-31-89		915		7-1488_	Title						
Date				ne No.	II						

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.

