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Appropriate District Office
DISTRICY 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico gy, Minerals and Natural Resources Departme.

Form C-104 Revised 1-1-89 See Instructions

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 Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator -						Well A				
Phillips Petroleum	m Compai	n <u>v</u>				1 30-0	025-3061 <i>6</i>	<u> </u>		
dress	0 J	, T	5 70762							
4001 Penbrook St.	, Udess	a, lexa	2 /9/02		(Please expla	nin)				
eason(s) for Filing (Check proper box)		Channe in T	manage of	L.j Other	is seme exha	/				
ew Well			ransporter of: Ory Gas							
ecompletion \Box	Oil Coringhas	_	Condensate							
nange in Operator	Canngnea	COM	Oliocalate							
change of operator give name 1 address or previous operator										
•	ANDIE	CE								
. DESCRIPTION OF WELL	AND LEA	Well No. 1	Pool Name, Includir	a Formation		Kind o	Lesse	Le	ase No.	
ease Name		22	Vacuum Gra		an Andre	State, 1	XXX RX AFTERS	B-23	317	
M. E. Hale			vacuum an	ay 501 37 5				, 		
ocation		CEO.	Feet From The	South	263	?∩ г	et From The	West	Line	
Unit Letter	_ :	<u>650</u> 1	Feet From The	DOUCH LINE	and	<u> </u>	a riom inc			
Section 35 Townshi	in *	17 - S	Range 34-E	. NIM	IPM,		Lea		County	
Section (1) Towns.	<u>, p</u>	1/-1	J+ L							
I. DESIGNATION OF TRAN	SPORTE	R OF OI	L AND NATU	RAL GAS						
iame of Authorized Transporter of Oil	or Condens		address to w	dress to which approved copy of this form is to be sent)						
Texas New Mexico Pipe	بانت Iine Co	ine Company			28, Hobb	bs, NM 8	8240	240		
Jame of Authorized Transporter of Casin	ighead Gas	₩.	or Dry Gas	Address (Give	address to w	hich approved	copy of this for	m is to be se	ent)	
Phillips 66 Natural 9	ias GPM	∧ Gas C	orporation_	EF4F6TIY			83 sa, Te	<u>xas 797</u>	762	
f well produces oil or liquids,	Unit	Sec.	Twp. Rge.	is gas actually		When				
ive location of tanks.	N		17-S 34-E				3-01-89			
this production is commingled with that	. from any oth	her lease or p	ool, give comming!	ing order numb	жг					
V. COMPLETION DATA				<u> </u>		1 -	l more to C	Comp Poster	Diff Res'v	
D : Torres of Commission	. ~	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Kes v	Full Kez A	
Designate Type of Completion		X		Total Depth	l		DDTD			
Date Spudded	Date Com	pi. Ready to	Prod.	•			P.B.T.D.			
6-24-89		nerf'd 7-21-89			4800 ' Top Oil/Gas Pay			4755¹		
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			= = = = = = = = = = = = = = = = = = =			Tubing Depth SN @ 4634'			
4018' GR. 4026' RKB		/SA		4411			Depth Casing			
Perforations Perf'd w/4" 01	D csg (ii	un 2 JS!	PF from 441	1'-4643'			4800'			
<u>(117'-234 shots)</u>				CEL CEL PRO	NC BECOL					
			CASING AND	CEMENT			S	ACKS CEM	ENT	
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			1500 sx "C" 2% CaCl			
17-1/2"	13-3/8" 54.5# J-55			Inuo			Circ. 386 sx			
	- 10H 10H 25H			4800'			1600 sx "C" 65/35 Poz			
7-7/8"	$\frac{15-1/2}{}$				4800			+ 400 sx "C" Nea		
V. TEST DATA AND REQUE	ST FOR	ALLOWA	RLE	J			TOC @ 30			
OIL WELL (Test must be after	STITUE	total volume :	of load oil and mus	t be equal to or	exceed top at	llowable for th			ers.)	
Date First New Oil Run To Tank	Date of T		<i>y</i>	Producing M	ethod (Flow,)	piemp, gas lift,	elc.)			
8-01-89	8-03-89			2-1/2" X 1-3/4" X 26			6.' nump			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
24 hrs.	100.25									
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
, and 1.00 0 miles	226		106							
CAS TITLE		<u> </u>								
GAS WELL Actual Prod. Test - MCF/D	11	f Teet		Bbls. Conde	nsate/MMCF		Gravity of C	ondensate		
ACUAL PTOD. 188 - MCF/D	Length of Test		Dois. Concension Navion							
Toring Mathed (nites back on)	Method (pitot, back pr.) Tubing Pressure (Shut-in)		-in)	Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	, . comg t									
		F CO: C	T TARTOTT	٦						
VI. OPERATOR CERTIFI				- -	OIL CO	NSER\	/ATION	DIVISI	ON	
I hereby certify that the rules and reg	ulations of th	ne Oil Consei	valion en signe				Alic	9 9 19	ρg	
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					
	,			Dat	e whhion	/6U	·			
KM da	0	7		_			Orig.	Signed 1	bv	
Signature	acce.			∥ By_			Pa	ul Kautz		
I. M. Sanders, Reg.	& Pro.	Superv	isor	li			G	eologist		
Printed Name		,	Title	Title	e					
8/17/89		915/36								
Date		1 cl	ephone No.					وسييس		

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

HOBES OFFICE

Francisco V