

Subn  
App.  
DIS  
P.O.

ies  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

DIS  
P.O.

DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

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

DIS  
1000

zoz Rd., Aztec, NM 87410

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	Operator <u>Bisco Oil Company</u>	Well API No. <u>30-015-31190</u>
Add	<u>O. Box 1055, Lovington, NM 88260</u>	
Reason New Rec Change	Filing (Check proper box) <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change and	operator give name previous operator <u>Phillips Petroleum Company, 4001 Penbrook St., Odessa, Texas 79762</u>	

### II. DESCRIPTION OF WELL AND LEASE

Lease <u>Kimbrough</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Lovington Gb/SA</u>	Kind of Lease <u>Shut-in</u>	Lease No.
Location Section <u>7</u> Township <u>17-S</u> Range <u>37-E</u> NMPM, Lea County	North Letter <u>E</u> : <u>660</u> Feet From The <u>West</u> Line and <u>1830</u> Feet From The <u>North</u> Line			

### III. IDENTIFICATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name <u>Phillips Petroleum Company-Trucks</u>	Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 791, Midland, Texas 79702</u>				
Name <u>Phillips Petroleum Company</u>	Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>4044 Penbrook St., Odessa, Texas 79762</u>				
If well gives of tanks.	Unit <u>E</u>	Sec. <u>7</u>	Tw. <u>18-S</u>	Rge. <u>37-E</u>	Is gas actually connected? <u>Yes</u>	When? <u>1/16/92</u>

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

### IV. COMPLETION DATA

Completion Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date <u>1/16/92</u>	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elev <u>1055</u>	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perf <u>1055</u>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

### V. DATA AND REQUEST FOR ALLOWABLE

Oil <u>1055</u>	(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 <u>1/16/92</u>	Flow Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length <u>1055</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual <u>1055</u>	During Test	Oil - Bbls.	Water - Bbls.
			Gas - MCF

### GAUGE WELL

Actual <u>1055</u>	Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Test <u>1055</u>	Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I, John L. Bisco, 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  
John L. Bisco  
Name  
John L. Bisco  
Title  
Manager  
Telephone No.  
505 396 3121

### OIL CONSERVATION DIVISION

AUG 02 1993

Date Approved

By

Orig. Signed  
Paul Kautz  
Geologist

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

A 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.

Separate Form C-104 must be filed for each pool in multiply completed wells.

ORIGINAL