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

## State of New Mexico ...ergy, Minerals and Natural Resources Departn

Form C-104 Revised 1-1-89 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 Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

<u>I.</u>		TO TR	ANSPO	ORT OIL	AND NATUR	AL G	AS ,	10.11	A DI NI		
Operator PHILLIPS PETR	Well API No. 30- <del>015-</del> 31190										
Address 4001 Penbrook	S+ 0	dessa	Texa	s 797	162		C	46151	3F £7D で <u>たさ2</u>	AS MUST	NOT BE
Reason(s) for Filing (Check proper box)		uc 33u,	Tenu			ase expl				11-4-	
New Well		Change is	n Transpor	rter of:		•	F,	AREI	D AFTER.	COTION!	TO D 4070
Recompletion	Oil		Dry Gas	. 🗆						PEPHON	TO R-4070
Change in Operator	Casinghe	ad Gas 🗌	Condens	sale 🗌			(ئىلەر 	ופטי	AINED.		
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE									
Lesse Name Kimbrough		Well No. Pool Name, Include Lovingto							nd of Lease ste, Federal or Fee		ease No.
Location		(()	•	т.	logt	183	Λ			North	_
Unit LetterE	: <u>b</u>	60	_ Feet Fro	om The		103	<del></del> -	Fe	et From The	North	Line
Section 7 Towns	hip 17	'-\$i	Range	37-	E , NMPM,		Les	<u>a</u>	<del></del>		County
III. DESIGNATION OF TRA	NSPORTE	or Conde		NATU	RAL GAS						
Name of Authorized Transporter of Oil Phillips Petroleum	Address (Give address to which approved copy of this form is to be 4001 Penbrook St., Odessa, Texas										
Name of Authorized Transporter of Casi			or Dry (	Gas	Address (Give addr	ess 10 w	rhich ()	ppr oved	copy of this	form is to be se	eni)
None  If well produces oil or liquids,	Unit	S=c.	Twp	Rge.	is gas actually conf	ected?	<del></del>	When	?		
give location of tanks.	E	7	17-S	37-E	No			İ			
If this production is commingled with the IV. COMPLETION DATA	t from any ou	her lease of	r pool, give	e comming	ling order number:			·			
		Oil Wel	II G	as Well	New Well   Wo	rkover	I)	eepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion  Date Spudded		ipl. Ready t			XX Total Depth		Щ.		P.B.T.D.	1	J
5/23/91		74/91	6350'			6200					
Elevations (DF, RKB, RT, GR, etc.) 3806.8' GL; 3818.8' H	KB, RT, GR, etc.) Name of Procucing Formation  L; 3818.8' KB Paidock San andres					Top Oil/Gas Pay 5414 Tubing Depth 5500					1
Perforations 5414'-5428'	<del></del>	,			<u>.</u>				Depth Casi 6350		
	<del></del> -	TUBING	, CASIN	IG AND	CEMENTING I	RECOF	RD		1		
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT		
12-1/4"		85/8"			1841'				1200 sacks C		
7-7/8"		5-1/2"			6350 <b>'</b> 5500 <b>'</b>			600 sk C 1st stage			
									1200 sk C & Neat 2nd		
V. TEST DATA AND REQUE	ST FOR	2-7/8 ALLOW	ABLE		5500				<u> </u>		
OIL WELL (Test must be after	recovery of s	otai volume	e of load o	il and mus	t be equal to or excee					for full 24 hou	ers.)
Date First New Oil Run To Tank	Date of To				Producing Method	(Flow, p	ритр, ј	gas lift, i	etc.)		
9/4/91		9/16/91			Pumping Casing Pressure				Choke Size		
Length of Test 24 hrs.	I noing 1.1	Tubing Pressure			Canaly 1 1						
Actual Prod. During Test	i e e e e e e e e e e e e e e e e e e e				Water - Bbls.				Gas- MCF		
	<u> </u>	37			176				<u> </u>	1	
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbis. Condensate/N	<b>AMCF</b>			Gravity of	Condensate	
Testing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFIC				CE	OII	COI	NC.	=RV	ΔΤΙΩΝ	DIVISK	JN
I hereby certify that the rules and reg Division have been complied with an							. 10	_ 1 1 ¥	711	DIVISK	ai
is true and complete to the best of my					Date Ap	prove	ed .				
Im San	ada.	<b>-</b> 2_									
Signature L. M. Sanders, Su	Ву	By									
Printed Name		- , & Pr	oration Title	on	Title						
9/26/91 (915) 368-	1667		lephone N								
Date		16	repairate IN	··							

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.