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Form C-105
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

1a. TYPE OF WELL										7. Unit Agreement Name	
b. TYPE OF COMPLETION OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____ NEW WELL <input type="checkbox"/> WORK OVER <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/> DIFF. RESVR. <input checked="" type="checkbox"/> OTHER _____										8. Farm or Lease Name J. R. Phillips "A"	
2. Name of Operator Atlantic Richfield Company										9. Well No. 5	
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico										10. Field and Pool, or Wildcat Eunice Monument Grayburg San Andres	
4. Location of Well											
UNIT LETTER M LOCATED 660 FEET FROM THE South LINE AND 660 FEET FROM										12. County Lea	
THE West LINE OF SEC. 31 TWP. 19S RGE. 37E NMPM											
15. Date Spudded		16. Date T.D. Reached		17. Date Compl. (Ready to Prod.)		18. Elevations (DF, RKB, RT, GR, etc.)		19. Elev. Casinghead			
				2/25/75		3571' GR					
20. Total Depth 5720'		21. Plug Back T.D. 3805'		22. If Multiple Compl., How Many		23. Intervals Drilled By Rotary Tools 0-5720'		Cable Tools			
24. Producing Interval(s), of this completion — Top, Bottom, Name 3774-3788' San Andres										25. Was Directional Survey Made No	
26. Type Electric and Other Logs Run CNL log										27. Was Well Cored No	
28. CASING RECORD (Report all strings set in well)											
CASING SIZE		WEIGHT LB./FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
No change in casing											
29. LINER RECORD											
SIZE		TCP		BOTTOM		SACKS CEMENT		SCREEN			
30. TUBING RECORD											
SIZE		DEPTH SET		PACKER SET							
2-7/8" OD		3703'		None							
31. Perforation Record (Interval, size and number) 3774, 76, 78, 80, 82, 84, 86 & 3788' = 8 holes, .42"											
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.											
DEPTH INTERVAL						AMOUNT AND KIND MATERIAL USED					
3773-3867'						2000 gals 15% HCL-LSTNE acid					
3773-3867'						250 sx Cl C cmt					
3774-3778'						500 gals 15% HCL-LSTNE acid					
33. PRODUCTION											
Date First Production 2/25/75			Production Method (Flowing, gas lift, pumping — Size and type pump) Pumping					Well Status (Prod. or Shut-in) Prod.			
Date of Test 3/7/75		Hours Tested 24		Choke Size -		Prod'n. For Test Period 39		Oil — Bbl. 67		Gas — MCF 343	
										Water — Bbl. 1718:1	
Flow Tubing Press. 0		Casing Pressure 0		Calculated 24-Hour Rate 39		Oil — Bbl. 67		Gas — MCF 343		Water — Bbl. 31.0	
34. Disposition of Gas (Sold, used for fuel, vented, etc.) Sold										Test Witnessed By D. D. Wood	
35. List of Attachments Log as listed in Item 26											
36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.											
SIGNED H. J. Pearson						TITLE Dist. Drlg. Supv.			DATE 3/10/75		

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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Atlantic Richfield Company

Address
P. O. Box 1710, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
J. R. Phillips "A"	5	Eunice Monument Grbg SA	State, Federal or Fee Fee	
Location				
Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West				
Line of Section 31 Township 19S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of 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)	
Texas New Mexico Pipe Line Company	P. O. Box 1510, Midland, Texas 79701	
Name of 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)	
Warren Petroleum Corp.	Box 1589, Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	K	31
		19
		37
Is gas actually connected?	When	
Yes	2/24/75	

If this production is commingled with that from any other lease or pool, give commingling order number: R-1385

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		X		X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	2/25/75	5720'	3805'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3571' GR	San Andres	3774'	3703'					
Perforations						Depth Casing Shoe		
3774, 76, 78, 80, 82, 84, 86 & 3788'						5708'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
No changes in casing								
	2-7/8" OD	3703'						

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2/25/75	3/7/75	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	0	0	-
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
382	39	343	67

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

D. L. Shackelford
(Signature)

Accountant I

(Title)

3/10/75

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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