Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico F dinerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1		<u>O IRA</u>	INSP	JAI OIL	AND NA	I UNAL GA		PI No.			
Operator								025 05965 OK			
Address											
	s, New Mexico	88240	-252	8							
Reason(s) for Filing (Check prope	r box)					es (Please expla					
New Well		Change in	_		EF	FECTIVE 6-	-1–91				
Recompletion U	Oil	_ H	Dry Ga	_							
Change in Operator	Casinghead	Gas	Conden	alte							
If change of operator give name and address of previous operator	Texaco Produ		<u>. </u>	P. O. Bo	x 730	Hobbs, Nev	<u>v Mexico</u>	88240-2	528		
II. DESCRIPTION OF V	as Formation K			d of Lease No.		ease No					
Lease Name J R PHILLIPS	1 1				-			State, Federal or Fee		584820	
Location			4			スラ	W				
Unit LetterF	: <u>2269</u>		Feet Fr	om The NO	RTH Lin	e and 226 9	Fe	et From The	WEST	Line	
Section 6	Fownship 20	s	Range	37E	, NI	мрм,		LEA		County	
III. DESIGNATION OF	TRANSPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter	of Oil	or Conden			Address (Giv	e address to wh					
Texas New Mexico Pip	eline C					670 Broad					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum Corporation					1 '			copy of this form is to be sent) sa, Oklahoma 74102			
If well produces oil or liquids, give location of tanks.	Unit D			Rge. 37E	is gas actually connected? YES		When	When ? UNK!		NOWN	
If this production is commingled w	rith that from any other	r lease or	pool, giv	e commingi	ing order num	ber:					
IV. COMPLETION DAT											
Designate Type of Comp	oletion - (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	. Ready to	Prod.		Total Depth	L		P.B.T.D.	L		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
					<u> </u>				Depth Casing Shoe		
Perforations									g canc		
	T	UBING.	CASI	NG AND	CEMENTI	NG RECOR	<u> </u>				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								<u> </u>			
								ļ			
		• • • • •	ADID								
V. TEST DATA AND RE	QUEST FOR A	LLOWA	ARLE		to constant	awasad san alla	ahla fon thi	a danih or ha i	for full 24 hou	ere i	
	e after recovery of tol		oj loga i	ou ana musi		ethod (Flow, pu			U Jul 24 1104	<u>'3./</u>	
Date First New Oil Run To Tank	Date of Test	1			LIOCOCCIES IAI	sulou (rion, pa	ηφ, gω .y., t	·····,			
Length of Test	th of Test Tubing Pressure				Casing Press.	ire		Choke Size			
						Water - Bbls.			Gas- MCF		
ctual Prod. During Test Oil - Bbls.					Water Boile						
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Sesting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	Choke Size		
service (hunse) service in A											
VI. OPERATOR CER				ICE			SEDV	ΔΤΙΩΝΙ	טו/אפוע	M	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONCENTATION DISPOSIT						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION						
is true and complete to the test of thy anowicage and belief.					Date Approved						
Z.M. Willer					 By_	4					
Signature K. M. Miller Div. Opers. Engr.					5, -				 	***	
Printed Name May 7, 1991		915-6	Title 588–4	834	Title						
Date		Tele	phone N	lo.							

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.