Summit 5 Copies
Approveints District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Astesia, NM 88210

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Energy, Minerals and Natural Resources Dep

Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVIS.

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

Operator Phillips Petroleum Company 30-0									25-06159			
Address 4001 Penbroo	k. Odess	a. Tex	cas 70	762								
Reason(s) for Filing (Check p					 	Othe	t (Please expla	in)				
New Well		Oil	Change in	Transpor Dry Gas		Chan	ao. Sho	ll Dino	lina ta			
Recompletion	Change: Shell Pipeline to EOTT Pipeline Company											
If change of operator give nan and address of previous operat	né or											
II. DESCRIPTION O		ND LE	ASE									
Lease Name Hobbs	ease Name					ng Formation			Kind of Lease		NM Lease No.	
nouns				Eunice Mon		nument GB/SA		XXX	State, Federal or Fee		LC031621B	
	Κ	. 198	30	Feet Pro	m The So	outh_Line	and 1980	· Fe	et From The .	West	Line	
Section 18	Township	205			376	•		_			County	
				Range			ирм,	Lea			County	
III. DESIGNATION (Name of Authorized Transpo	OF TRANS	PORTE	R OF O	LAN	D NATU	RAL GAS	e address to wh	ich approved	com of this f	orm is to be se	ent)	
EOTT Pipelin	e Compan	X	F#	nergy	Pipeline	4P . 0.	Box 4666	, Houst	on, Tx	77210-46	66	
Name of Authorized Transpo Warren Petro						Address (Give address to which approved P. O. Box 4666, Houst Address (Give address to which approved P. O. Box 1589, Tulsa						
f well produces oil or liquids,		Unit Sec.		Twp. Rge.		is gas actually connected?		_	When 7			
give location of tanks. If this production is comming	lad writh that fa	K	18	205	37E	Yes		<u> </u>				
IV. COMPLETION I		om any on	HET HEALTHE OF	poor, grv	e consumply	ing Order Stark						
Designate Type of C	ompletion -	(X)	Oil Well		ias Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded			pl. Ready to	Prod.		Total Depth	l	<u> </u>	P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GI	Name of E	enducina E	nonetice.		Top Oil/Gas	Top Oil/Gas Pay			Takina Dank			
Elevations (DF, RAB, RI, O	Name of Producing Formation							Tubing Depth				
Perforations									Depth Casing Shoe			
		•	TUBING,	CASI	NG AND	CEMENTI	NG RECOR	D	<u></u>			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND	REQUES	T FOR	ALLOW	ABLE	· · · ·	l						
OIL WELL (Test n				of load	oil and mus		exceed top all lethod (Flow, p			for full 24 ho	urs.)	
Date First New Oil Run To Tank Date of Test						riouscing ivi	nana (r. now, p					
Length of Test		Tubing Pressure				Casing Pressure			Choka Size			
Actual Prod. During Test		Oil - Bbis.				Water - Bbis.			Gas- MCF			
		L				<u></u>						
GAS WELL Actual Prod. Test - MCF/D Length o			Test		 	Bhia Condensale/MMCF			Gravity of Condensate			
Testing Method (pilot, back)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR C	ERTIFIC	ATE O	F COM	PLIA	NCE	1	<u> </u>			50.40		
I hereby certify that the rules and regulations of the Oil Conservation						11	OIL CONSERVATION DIVISION					
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 NOV 0 4 1993						
V (2 Oha le												
Signature Ohavala Consultantus Et						By_	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
K. R. Oberle, Coordinator Finance & Oper. Printed Name Title						Title		2.21.11.01				
November 1, 1993 (915) 368-1675 Date Telephone No.											*********	
			16		· ~·	11						

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.