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

Energy, Minerals and Natural Resources Der ent

Form C-104
Revised 1-1-39
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Phillips Petroleum Company 30-025-06162 Address 4001 Penbrook, Odessa, Texas 79762 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Change Shell Pipeline Company to EOTT Pipeline Company 🛛 Dry Gas 🔲 Recompletion Oil Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator IL DESCRIPTION OF WELL AND LEASE NM Lease No. Lease Name Hobbs Well No. Pool Name, Including Formation Kind of Lease Eunice Monument GB/SA 4 Space, Federal graffee LC031621B Location Unit Letter N 1980 Feet Prom The West Line and 660 __ Feet From The _ <u>South</u> Section 18 Township 20S Range 37E , NMPM, County Lea III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate ⇉ EOTT Pipeline Company P. 0. Texas 77210-4666 Box 4666, Houston Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas \triangle or Dry Gas P. O. Box 1589. Tulsa, OK 74102 Warren Petroleum Company Is gas actually connected? If well produces oil or liquids, Sec. Twp. When? Unit Rge. give location of tanks. <u>20SI</u> 37E K 1 18 Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. P.B.T.D. Date Soudded Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) **Tubing Depth** Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Actual Prod. During Test Water - Rbls **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

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

(915) 368-1675 Telephone No.

Oberle, Coordinator Finance & Oper

VL OPERATOR CERTIFICATE OF COMPLIANCE

I hereby 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.

1993

KROlie

November

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

OIL CONSERVATION DIVISION

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

Date Approved NOV 04 1993

- 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.