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

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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

I.	REQUEST		BLE AND AUTHORI L AND NATURAL GA		
Operator			27440 144 144 144 144 144 144 144 144 144	Well API No.	
Phillips Petroleum Company			30-025-104450	0	
	Odessa, Texa	s 79762			
Reason(s) for Filing 'Check proper box; New Well	Change	in Transporter of:	Other Please expid	in)	
Recompletion	_	_ Dry Gas			
Change in Operator	Casinghead Gas X	Condensate			
If change of operator give name and address or previous operator					
II. DESCRIPTION OF WELL					
Lease Name Sims	Well No	D. Pool Name, Includ المات Tubb	ing Formation	Kind of Lease XXXXX Kokkini/or Fee	Lease No.
Location				<u>·</u>	
Unit LetterF	1980	_ Feet From The _	lorth Line and 198	0 Feet From The	Westune
Section 24 Townsh	nip 22-S	Range 37-E	, NMPM,	Lea	County
III DECICALATION OF TO A	VERORTER OF	OFF AND NATE	DAL CAS		
III. DESIGNATION OF TRAN	NSPORTER OF Cond			ich approved copy of this form	is to be sent)
Jegar new may ce	Cipelia.	<u> </u>			
Name of Authorized Transporter of Casti	igueac car 🚁	or Dry Gas 🔀	Address (Give address to what 4001 Penbroo	ich approved copy of this form to k Odessa, Tx	is to be sent)
Phillips 66 Natl Gas If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually connected?	When?	
give location of tanks.	L 24	22S 37-E	Yes	10/18/90	
If this production is commingled with that IV. COMPLETION DATA			ing order number:		
Designate Type of Completion	Oil We	il Gas Well	New Well Workover	Deepen Plug Back Sarr	ne Resiv Diff Resiv
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	. P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations	<u> </u>			Depth Casing Sh	De .
HOLE SIZE	CASING & TUBING SIZE		CEMENTING RECORD	DEPTH SET SACKS CEMENT	
HOLE SIZE	CASING	OBING SIZE	<u> </u>		(S OEMIEN)
			:		
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE	· · · · · · · · · · · · · · · · · · ·		
		e of load oil and must		wable for this depth or be for fu	ll 24 hours.)
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pur	mp, gas lýt, etc.)	
Length of Test	Tubing Pressure		Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Gas- MCF	
	<u>!</u>				
GAS WELL	· · · · · · · · · · · · · · · · · · ·		A	(A-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Coade	en ente
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	Choke Size	
VA ARRA - TAR	1		;](
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul	lations of the Oil Const	ervation	OIL CON	SERVATION DIV	VISION
Division have been complied with and is true and complete to the best of my		AET SONS	Date Approved	d	Frank
K. 1. 1	7		Date Approved		
Signature	<u>۔۔۔ جمامیں ، ن</u>		By	· ····································	<u>. 08:</u>
<u>Dovle Pruden</u> Prod				•	
November 28, 1990	(915) 368-14	02	I itle		
Date	Te	lephone No.			

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.
- 3) Separate Form C-104 must be filed for each pool in multiply completed wells.