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Appropriate District Office
DISTRICT! O. Box 1980, Hobbs, NM 88240

## State of New Mexico Livergy, Minerals and Natural Resources Department

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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No 30-025-1044600 Operator Phillips Petroleum Company Address 79762 4001 Penbrook 0dessa Texas Reason(s) for Filing (Check proper box) Other Please explain, New Well Change in Transporter of: =\_\_\_\_ Dry Gas Recompletion Oil Change in Operator Casanghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, including Formation Kind of Lease Lease No Drinkard Abo/So.Brunson Sims X XXXX XFXdeXXX or Fee Location West Feet From The North Unit Letter \_ Feet From The 24 Township 22S Range 37-E NMPM. Section County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent)  $\sum$ Leyas R 771 in Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Phillips 66 Natl. Gas 4001 Penbrook Odessa, If well produces oil or liquids, give location of tanks. Unit Twp. Sec. Rge. 1 is gas actually connected? When? 1225 Yes 10/18/90 24 37E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well | Workover Oil Well Gas Well Deepen Plug Back Same Res v Diff Res v Designate Type of Completion - (X) Date Spudded Date Compi. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF. RKB. RT. GR. etc.) Name of Producing Formation Tubing Depth Performions Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Length of Test Casing Pressure Tubing Pressure Gas- MCF Water - Bbis Actual Prod. During Test Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Bbis. Condensate/MMCF Gravity of Condensate Length of Test Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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 heat of my know

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Signature Doyle	Pruden	Producti	on	Acctg.	Supervisor
Printed Name					Title
11/27/90		(915)	368	3-1402	
Date	•				Telephone No.

Date Approved By\_ Title

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.