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TRANSPORTER	OIL
	GAS
OPERATOR	
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**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-85

API No. 30-025-26389

I.

Operator Phillips Petroleum Company

Address Room 401, 4001 Penbrook, Odessa, Texas 79762

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>East Vacuum Gb/ San Andres Unit, Tract 3315</u>	Well No. <u>006</u>	Pool Name, Including Formation <u>Vacuum Gb/San Andres</u>	Kind of Lease <u>State</u>	Lease No. <u>B-1400-3</u>
Location:				
Unit Letter <u>J</u>	<u>2630</u> Feet From The <u>South</u> Line and <u>1334</u> Feet From The <u>East</u>			
Line of Section <u>33</u>	Township <u>17-S</u>	Range <u>35-E</u>	, NMPM, <u>Lea</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas-New Mexico Pipeline</u>	<u>P. O. Box 2528, Hobbs, New Mexico 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Company GPM Gas Corporation</u>	<u>Room 401, 4001 Penbrook, Odessa, Texas 79762</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>J 33 17-S 35-E</u>	<u>Yes 1-20-80</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
<u>X</u>			<u>X</u>					
Date Spudded <u>9-19-79</u>	Date Compl. Ready to Prod. <u>1-14-80</u>	Total Depth <u>4814'</u>	P.B.T.D. <u>4762</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3941.8 GR</u>	Name of Producing Formation <u>Grayburg/San Andres</u>	Top Oil/Gas Pay <u>4089'</u>	Tubing Depth <u>4350'</u>		Depth Casing Shoe <u>4807'</u>			
Perforations <u>4397'-4628'</u>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>17-1/2"</u>	<u>13-3/8" (Cmt w/675 sxs CIH w/2% CaCl2)</u>	<u>346' (1/4# Flocele Circ 125 sx cmt)</u>						
<u>7-7/8"</u>	<u>5-1/2" (Cmt w/1100 sx TLW & 12# salt, 10% DD)</u>	<u>4807' (1/4# Flocele, 3# Gilsonite followed w/400 sx CIH & 8# salt. Circ. 254 sx cmt @ surface).</u>						

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)

Date First New Oil Run To Tanks <u>1-20-80</u>	Date of Test <u>2-22-80</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>-</u>	Casing Pressure <u>-</u>	Choke Size <u>-</u>
Actual Prod. During Test	Oil - Bbls. <u>13</u>	Water - Bbls. <u>103</u>	Gas - MCF <u>9</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

W. J. Mueller
(Signature)
Senior Engineering Specialist
(Title)
February 28, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 3 1980, 19 _____

BY [Signature]

TITLE SUPERVISOR DISTRICT I

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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MAR 3 1980
OIL CONSERVATION DIV.

STATE OF NEW MEXICO

INCLINATION REPORT

ONE COPY MUST BE FILED WITH EACH COMPLETION REPORT.

API # 30-025-26389

Field Name Vacuum Gb/SA County Lea
Operator Phillips Petroleum Company Address 4001 Penbrook, Rm.401 City Odessa
Lease Name East Vacuum Gb/SA, Tract 3315 Well No. 006
Location Unit J 2630 feet from the South line and 1334 feet from East line of Section 33, Township 17-S, Range 35-E

RECORD OF INCLINATION

Table with 4 columns: Depth (Feet), Angle of Inclination (Degrees), Depth (Feet), Angle of Inclination (Degrees). Contains data for depths 350, 1353, 1820, 2200, 2940, 3496, 3978, 4128, 4420, 4800.

I hereby certify that I have personal knowledge of the data and facts placed on this form and that such information given above is true and complete.

Senior Engineering Specialist
W. J. Mueller
Signature and Title of Affiant

Sworn and Subscribed to before me, this the 29th day of February, 1980.

Dorothy V. Anderson
Notary Public in and for Tarrant County, Texas

My Commission Expires

June 30, 1980