

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-110  
Effective 1-1-65

API #30-025-24644

Operator Phillips Petroleum Company	
Address Room 711, Phillips Building, Odessa, Texas 79761	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Santa Fe	Well No. 128	Pool Name, Including Formation Vacuum Grayburg/San Andres	Kind of Lease State, Federal or Free	Lease No. B-2131
Location				
Unit Letter 'D' ; 330 Feet From The north Line and 330 Feet From The west				
Line of Section 4 Township 18-S Range 35-E , NMPM, Lea 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"/> Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Room 711, Phillips Bldg., Odessa, Tx., 79761					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 5	Twp. 18-S	Rge. 35-E	Is gas actually connected? Yes	When 3-15-74

If this production is commingled with that from any other lease or pool, give commingling order number: CTB126

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't. <input type="checkbox"/>	Diff. Res't. <input type="checkbox"/>
Date Spudded 2-5-74	Date Compl. Ready to Prod. 3-14-74		Total Depth 4700'		P.B.T.D. 4657'			
Elevations (DF, RKB, RT, GR, etc.) 3932' Gr., 3944' RKB	Name of Producing Formation Grayburg/San Andres		Top Oil/Gas Pay 4125'		Tubing Depth 4400'			
Perforations 4432-38, 4454-60, 4464-72, 4508-10, 4524-30, 4536-40, 4542-45, 4551-53, 4556-64, 4592-98, 4602-05, 4607-09, 4612-18, 4634-38'					Depth Casing Shoe 4699'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		405' (375 sx Class Hw/2%CaCl2 & 1/4# Flc in 1st 200sx, Circ 43 sx.					
7-7/8"	5-1/2"		4699' (150sx Class C w/2#Gilsonite/sx, (Temp survey TOC at 2750'.)					
	2-3/8" tbg at 4400'							

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)

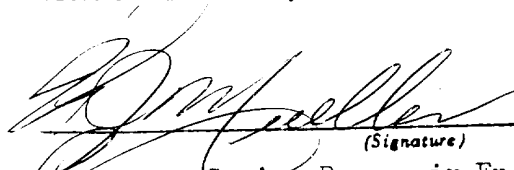
Date First New Oil Run To Tanks 3-15-74	Date of Test 3-19-74	Producing Method (Flow, pump, gas lift, etc.) Pumping - Insert pump.	
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 277	Water - Bbls. 21	Gas - MCF 505

GAS WELL

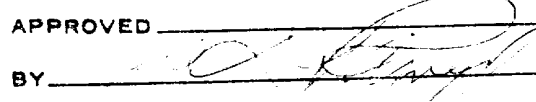
Actual Prod. Test-MCF/D ---	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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 Reservoir Engineer  
(Title)  
3-21-74  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY   
TITLE \_\_\_\_\_

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.

API #30-025-24644

ONE COPY MUST BE FILED WITH EACH COMPLETION REPORT.

### RECORD OF INCLINATION

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.

W. J. Mueller  
Signature and Title of Affiant

Sworn and Subscribed to before me, this the 14th day of March,  
19 74.

My Commission expires 6-1-75.

Dorothy V. Anderson  
Notary Public in and for Ector