

OIL CONSERVATION DIVISION

P. O. BOX 2008

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API No. 30-025-02828

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Phillips Petroleum Company	
Address Room 401, 4001 Penbrook, Odessa, Tx. 79762	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name East Vacuum Gb/SA Unit, Tract 1903	Well No. 001	Pool Name, Including Formation Vacuum Gb/SA	Kind of Lease State, Federal or Fee State	Lease No. B-1713-1
Location Unit Letter <u>M</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>17-S</u> Range <u>35-E</u> , NMPM, Lea County				

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)	
Texas New Mexico Pipeline Co.	Box 2528, Hobbs, NM 88240	
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)	
Phillips Petroleum Company	4001 Penbrook, Odessa, Tx 79762	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 19
	Twp. 17-S	Rge. 35-E
	Is gas actually connected? <u>Yes</u> When <u>5-4-82</u>	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Re-entry <input checked="" type="checkbox"/>	Same Hestv. <input type="checkbox"/>	Diff. Res. <input type="checkbox"/>
Date Spudded 8-31-38	Date Compl. Ready to Prod. 9-26-38		Total Depth 4670'		P.B.T.D. 4670'			
Elevations (DF, RAB, RT, GR, etc.) 3996' DF	Name of Producing Formation Grayburg/San Andres		Top Oil/Gas Pay 4298'		Tubing Depth 4580'			
Perforations 4298-4742' Open Hole					Depth Casing Shoe 4298'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	12-1/2"	230'	200
11"	8-5/8"	1556'	500
7-3/4"	5-1/2"	4298'	275

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)

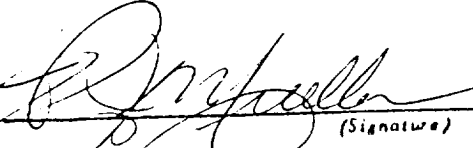
Date First New Oil Run To Tanks 4-29-82	Date of Test 5-4-82	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24hrs.	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test	Oil - Bbls. 4	Water - Bbls. 5	Gas - MCF 2

GAS WELL

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

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.


(Signature) W. J. Mueller
Senior Engineering Specialist
(Title)

October 22, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 27 1982 ORIGINAL SIGNED BY _____, 19____BY PERRY SEXTON
DISTRICT 1 SUPR.

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 deviate 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.

Form C-104 must be filed for each pool in multi-

RECEIVED

OCT 26 1982

O.C.M.
HOBBS OFFICE