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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PROPOSITION OFFICE | | |

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-11
Effective 1-1-65

I. Operator **PHILLIPS PETROLEUM COMPANY**

Address **4001 Penbrook Street, Odessa, Texas 79762**

Reason(s) for filing (Check proper box)

| | | | | | |
|---------------------|-------------------------------------|---------------------------|--------------------------|------------------------|---|
| New Well | <input type="checkbox"/> | Change in Transporter of: | | Other (Please explain) | Order No. 5871 Change of lease name because of Unitization. Formerly: Chevron-State 3-32 #4 |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> | Dry Gas | <input type="checkbox"/> |
| Change in Ownership | <input checked="" type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> | Condensate | <input type="checkbox"/> |

If change of ownership give name and address of previous owner **Chevron USA Inc., P. O. Box 1660, Midland, Texas 79702**

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------------------------------|----------------------|--|---------------------------------|-------------------------|
| Lease Name East Vacuum GB-SA | Well No. 004 | Pool Name, including Formation Vacuum GB-SA | Kind of Lease XXXXXXXXXX | Lease No. B-1838 |
| Unit Tract No. 3236 | | | State, TEXAS | |
| Location | | | | |
| Unit Letter F | 1980 | Feet From The West Line and 1980 | Feet From The North | |
| Line of Section 32 | Township 17-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"/> | Address (Give address to which approved copy of this form is to be sent) | | | |
| Texas-New Mexico Pipe Line | P.O. Box 2528, Hobbs, N.M. 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 St., Odessa, Texas 79762 | | | |
| If well produces oil or liquids, give location of tanks. | Unit E | Sec. 32 | Twp. 17S | Pge. 35E |
| | | | Is gas actually connected? Yes | When 12-1-78 |

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'v. | Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DF, RAB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | 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)

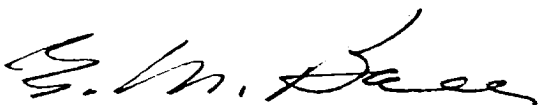
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls.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

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, 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.



(Signature)

PRODUCTION CLERICAL SUPERVISOR

(Title)

12-1-78

(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 28 1978**, 19

BY **Orig. Signed by**

Jerry Sexton

TITLE **Dist. L. Supv.**

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

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

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

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

Separate Forms C-104 must be filed for each pool in a recompleted wells.