

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Phillips Petroleum Company	Well API No. 30-025-20781
Address 4001 Penbrook Street, Odessa, Texas 79762	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name M. E. Hale	Well No. 9	Pool Name, Including Formation Vacuum Glorieta	Kind of Lease State, Federal or Fee	Lease No. B-2317
Location Unit Letter <u>J</u> : <u>1785</u> Feet From The <u>east</u> Line and <u>1980</u> Feet From The <u>south</u> Line Section <u>35</u> Township <u>17-S</u> Range <u>34-E</u> , <u>NMPM</u> , 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 Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 2528, Hobbs, New Mexico 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 2528, Hobbs, New Mexico 88240	
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 35
	Twp. 17	Rge. 34E
	Is gas actually connected? <u>yes</u> When ?	

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

PC-725

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded PB 1-23-89 5-16-64	Date Compl. Ready to Prod. reperf'd 2-14-89	Total Depth 10,500'	P.B.T.D. 6070'					
Elevations (DF, RKB, RT, GR, etc.) 4013' GR, 4026' RKB	Name of Producing Formation Glorieta	Top Oil/Gas Pay 5914'	Tubing Depth 6031'					
Perforations 5914'-6054'			Depth Casing Shoe 10497'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8" 48#		323'		350 sx			
12-1/4"	9-5/8" 32.3#		3400'		400 sx			
8-3/4"	7" 20, 23 & 26.3#		10497'		1095 sx			

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.)

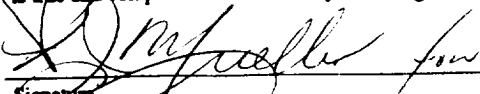
Date First New Oil Run To Tank 2-24-89	Date of Test 3-25-89	Producing Method (Flow, pump, gas lift, etc.) 2 1/2" x 1 1/2" x 22' pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 97	Water - Bbls. 127	Gas - MCF 177

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. OPERATOR 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
L. M. Sanders, Reg. & Pro. Supervisor
Printed Name
April 6, 1989
Date
915/367-1488
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 10 1989
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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.