Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Antesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>I</u>	<u>T</u>	O TRAN	<u>SPOR</u>	TOIL	AND NA	TURAL G						
Operator Phillips Petroleum Company						Weil API No. 30-025-20830						
Address 4001 Penbrook Str	eet. O	dessa.	TX	7976	52							
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator		Change in Tr		of:	Cl fr	nange in com Star fective	n Leas te "M"	Well N		Number		
If change of operator give name and address of previous operator	11 Wes	tern E	E&P,	Box	576, I	Houston	TX 7	7001				
Lease Name Tract 5 Well No. Pool Name, Including Vacuum Glorieta East Unit 2 Vacuum Glocation					_	a		Kind of Lease State Lease No. State, Federal or Fee B-1399-10				
Unit Letter	: 198	<u>0</u> F	et From ?	The	South	e and66	<u> </u>	et From The	East	Line		
Section 29 Township	17-S	R	ange	35-E	E , N	МРМ,	Lea	··		County		
III. DESIGNATION OF TRAN				NATUI	RAL GAS							
Name of Authorized Transporter of Oil X or Condensate Texas-New Mexico Pipeline Company						Address (Give address to which approved copy of this form is to be sent) P.O. Box 42130, Houston, TX 77242						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas GPM Gas Corporation					Address (Give address to which approved copy of this form is to be sent) 4044 Penbrook Street, Odessa, TX 79762							
If well produces oil or liquids,	oil or liquids, Unit Sec. Twp. Rge			Rge.	Is gas actually connected? When ?							
If this production is commingled with that f	rom any other			35E mmingli	ing order num	Yes ber:	I	NR				
IV. COMPLETION DATA		Oil Well	Gas \	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion - (X)  Date Soudded Date Compl. Ready to 1			İ		Total Depth	<u>i                                      </u>	<u>i                                      </u>	<u>i</u>	İ	<u>i</u>		
Date Spudded Date Compl. Ready to Prod.					•			P.B.1.D.	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gar Pay			Tubing Depth				
Perforations						Depth Casing Shoe						
TUBING, CASING AND					CEMENTI	NG RECOR	D	· · · · · · · · · · · · · · · · · · ·				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			<u> </u>	SACKS CEMENT			
V. TEST DATA AND REQUES OIL WELL (Test must be after re				nd must	be equal to o	exceed top alle	owable for the	s depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank					Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure				Casing Press	ште		Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF			
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. 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, Supervisor Regulatory Printed Name  Affairs  Title				OIL CONSERVATION DIVISION  Date Approved  DEC 1 4 993  By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR  Title								
11/22/93		915) 3	<u>68-1</u>	488				<del></del>				

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.