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

State of New Mexico ___argy, Minerals and Natural Resources Departra

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	1	O TRAI	NSP(ORT OIL	AND NA	TURAL GA					
Operator						Well API No.					
Phillips Petroleum Company						30-025-20864					
Address		_	_	 0 5 60							
4001 Penbrook Street,	Odessa	, Texa	<u>s /</u>	9762	Tool Oak	et (Please expla	rim)				
Reason(s) for Filing (Check proper box)		Chanca in 7	T	eter of:		-		C 1/1-	7.7		
New Well	Change in Transporter of: Change in Lease Name & Well Number from Oil Dry Gas State "K", Well No. 7										
Recompletion U Oil Dry Gas State "K", Well No. 7 Change in Operator Casinghead Gas Condensate Effective 12-1-93											
If change of operator give name						ECCLIVE	LZ-1-93				
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Tract 17	Well No. Pool Name, Including				ng Formation Kir			Lesse St	ate L	ease No.	
Vacuum Glorieta East	Unit 2 Vacuum Gl				orieta Sae,			B-1527			
Location									•		
Unit Letter	: 2080	1	Feet Fr	om The	South Lin	and660	· Fe	et From The .	Eas	stLine	
							.			- .	
Section 3] Township	17 <u>-</u> S		Range	35-E	, N	MPM,	Lea			County	
III. DESIGNATION OF TRAN	CDADTE		T AN	D NATTI	DAI GAS						
Name of Authorized Transporter of Oil	OL OV I E	or Condens			Address (Giv	e address to wh	ich approved	copy of this f	orm is to be se	ent)	
Name of Authorized Transporter of Oil											
Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent)						
GPM Gas Corporation						4044 Penbrook Street, Odessa, Texas 79762					
If well produces oil or liquids,	ell produces oil or liquids, Unit Sec. Twp. Rge.				Is gas actuall		When	?			
give location of tanks.	A	31	_17s	35E	Yes		NE	<u> </u>			
If this production is commingled with that i	rom any oth	er lease or p	ool, giv	e comming	ing order num	ber .					
IV. COMPLETION DATA		100 200 10			1 27 197.11	1 112 1	<u> </u>	M D 1.	le - Desk	bies nastu	
Designate Type of Completion	- (X)	Oil Well	(Gas Well	I New Meti	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
arms upinion.					•						
Elevations (DF RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe					
								<u> </u>			
	TUBING, CASING AND (
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
<u> </u>											
		<u> </u>						 			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		<u> </u>			<u> </u>			
OIL WELL (Test must be after re				oil and must	be equal to or	exceed top allo	wable for thi	depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Producing M	ethod (Flow, pu	omp, gas lift, e	tc.)							
						· · · · · · · · · · · · · · · · · · ·		10 . 6			
Length of Test	Tubing Pressure				Casing Press	ıre		Choke Size			
					Water - Bbis			Gas- MCF			
Actual Prod. During Test Oil - Bbls.					Water - Doir						
			·	·	1		····	1			
GAS WELL	11	Part		·	Bbis, Conder	min A A I/TE		Gravity of	Condenses		
Actual Prod. Test - MCF/D	- MCF/D Length of Test					INTERIOR INTERIOR		Gravity of C			
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Press	ure (Shut-in)		Choke Size				
			•								
VL OPERATOR CERTIFIC	ATE OF	COMPI	IJAN	ICE							
I hereby certify that the rules and regula					(OIL CON	ISERV	NOITA	DIVISIO	NC	
Division have been complied with and that the information given above					DEC 1.4 1993						
is true and complete to the best of my l	mowledge an	d belief.	1		Date	Approve	d	U 2 1 1	333		
1 (to w/ n/						• •					
1 thy / aple					By_	ORIGINAL SIGNED BY JERRY SEXTON					
Signature Support	, , , , , , , , , , , , , , , , , , ,	~~!! -+:	O***-	λ <i>ff</i> -:	11		TRICT I SU	PERVISOR	•		
L. M. Sanders Z Super	visor R	egurati	ory Title	arrair:	11						
11-22-93	(915) 3		488	Title						
Date	<u>.</u>		phone N		I						

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.