

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Ener. Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

|   |
|---|
| WELL API NO.<br>30-025-20886  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>B-1838-1  |
| 7. Lease Name or Unit Agreement Name<br>Vacuum Glorieta East Unit<br>Tract 25                       |
| 8. Well No.<br>2  |
| 9. Pool name or Wildcat<br>Vacuum Glorieta  |

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

|  |
|--|
| 1. Type of Well:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                        |
| 2. Name of Operator<br>Phillips Petroleum Company  |
| 3. Address of Operator<br>4001 Penbrook St., Odessa, Texas 79762   |
| 4. Well Location<br>Unit Letter C : 760 Feet From The North Line and 1980 Feet From The West Line<br>Section 32 Township 17-S Range 35-E NMPM Lea County |

|  |
|--|
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) |
|--|

|   |  |
|---|--|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |  |
| NOTICE OF INTENTION TO:   | SUBSEQUENT REPORT OF:  |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>                           |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>                         |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>                 |
| OTHER: <input type="checkbox"/>   | PLUG AND ABANDONMENT <input type="checkbox"/>                    |
|   | CASING TEST AND CEMENT JOB <input type="checkbox"/>              |
|   | OTHER: Casing Integrity Test <input checked="" type="checkbox"/> |

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

6/1/94 MIRUDDU. COOH w/ rods and tubing.  
6/2/94 Run casing integrity test. Pressure casing to 500#. Held OK. COOH with packer  
CIH with 2-3/8" tbq. SN set at 6176' and anchor at 6021'. GIH with pump and rods.  
Hang well on. RD DDU.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

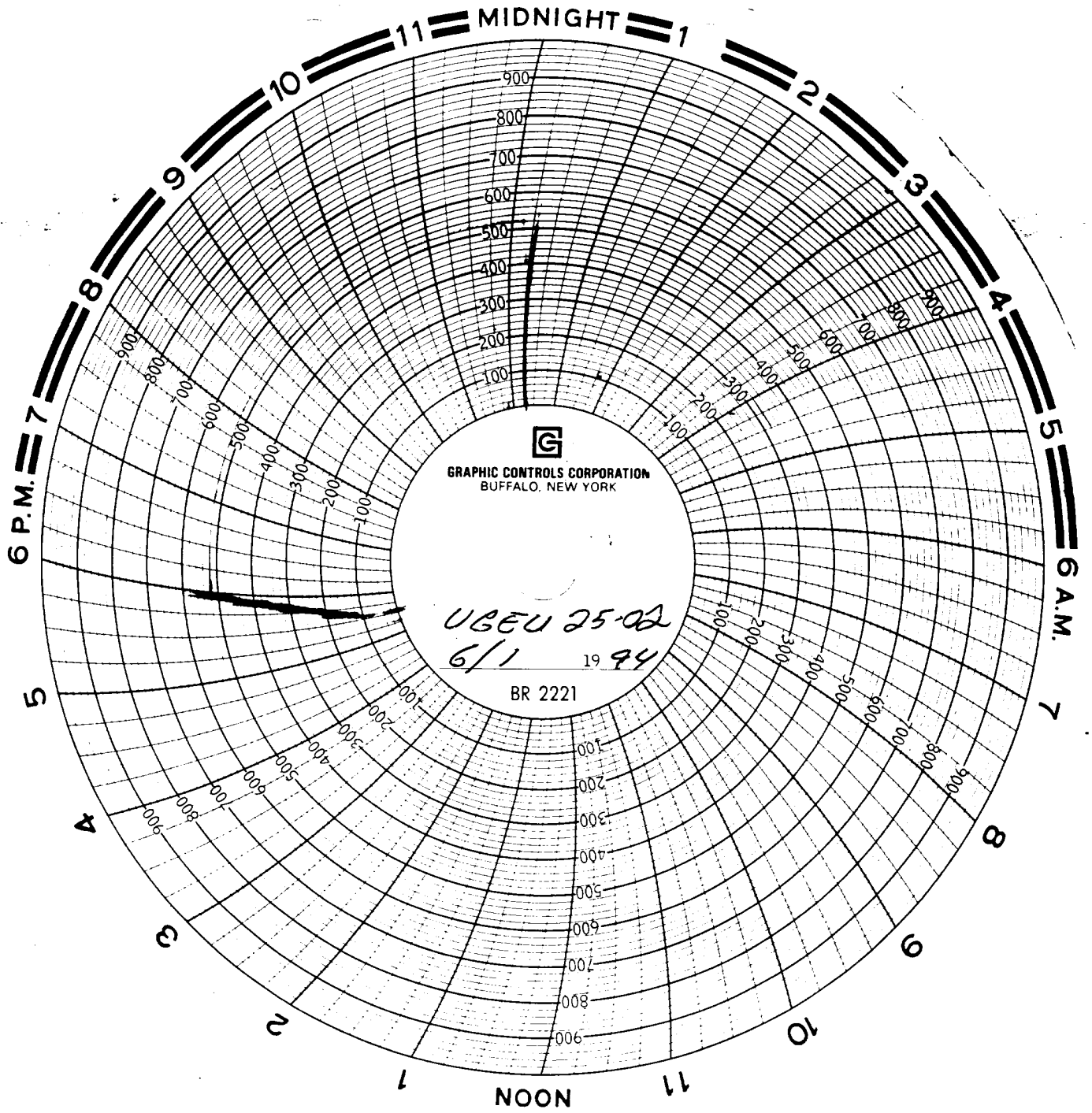
SIGNATURE L. M. Sanders TITLE Supv., Reg. Affairs DATE 6/3/94  
TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. 915/368-1488

(This space for State Use)

Orig. Signed by  
Paul Korta  
Geologist

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUN 24 1994

CONDITIONS OF APPROVAL, IF ANY:



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State of New Mexico  
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|  |  |   |
|--|--|---|
| Operator<br>Phillips Petroleum Company   |  | Well API No.<br>30-025-20886                                      |
| Address<br>4001 Penbrook Street, Odessa, Texas 79762   |  |   |
| Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)                       |  |   |
| New Well <input type="checkbox"/>  | Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | Change in Lease Name & Well Number from<br>State 3-32, Well No. 7 |
| Recompletion <input type="checkbox"/>  | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>                | Effective 12-1-93   |
| Change in Operator <input checked="" type="checkbox"/>   |  |   |
| If change of operator give name and address of previous operator<br>Chevron U.S.A., Inc., Box 1635, Houston, Texas 77251 |  |   |

II. DESCRIPTION OF WELL AND LEASE

|   |               |   |   |                       |
|---|---------------|---|---|-----------------------|
| Lease Name<br>Tract 25<br>Vacuum Glorieta East Unit   | Well No.<br>2 | Pool Name, Including Formation<br>Vacuum Glorieta | Kind of Lease State<br>State, <del>TX</del> <del>OK</del> <del>LA</del> | Lease No.<br>B-1838-1 |
| Location<br>Unit Letter <u>C</u> : <u>760</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line<br>Section <u>32</u> Township <u>17-S</u> Range <u>35-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"/>         | Address (Give address to which approved copy of this form is to be sent)<br>Texas-New Mexico Pipeline Company<br>P. O. Box 42130, Houston, Texas 77242 |           |             |             |                                   |              |
| 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)<br>GPM Gas Corporation<br>4044 Penbrook Street, Odessa, Texas 79762           |           |             |             |                                   |              |
| If well produces oil or liquids, give location of tanks.   | Unit<br>A  | Sec.<br>3 | Twp.<br>17S | Rge.<br>35E | Is gas actually connected?<br>Yes | When ?<br>NR |

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, RKB, 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 Tank | 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. 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 Affairs  
Printed Name  
11-22-93  
Date  
(915) 378-1488  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_

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.