

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API No. 30-025-21728

DEPARTMENT	
DIVISION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Operator Phillips Oil Company	
Address Room 401, 4001 Penbrook Street, Odessa, Texas 79762	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Lea	Well No. 31	Pool Name, including Formation Vacuum/Grayburg-San Andres	Kind of Lease State, Federal or Fee State	Lease No. B-4118
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1806</u> Feet From The <u>West</u>				
Line of Section <u>30</u> Township <u>17-S</u> Range <u>34-E</u> , NMPM, Lea County				

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)
Phillips Petroleum Company - Trucks	4001 Penbrook St., Odessa, Texas 79762
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.	Is gas actually connected? When
Unit <u>D</u> Sec. <u>30</u> Twp. <u>17</u> Rge. <u>34E</u>	Yes 2-21-84

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
X (Reentry)								
Date Spudded 3-21-66	Date Compl. Ready to Prod. reperf'd 1-30-84	Total Depth 4800'	P.B.T.D. 4684'					
Elevations (DF, RKB, RT, GR, etc.) 4090.7' GR	Name of Producing Formation Vacuum/Grayburg-San Andres	Top Oil/Gas Pay 4210'	Tubing Depth 4629'					
Perforations 4366-74' 4470-72'; 4521-23'; 4533-36'; 4542-44'; 4552-54'; 4564-66'; 4574-83'; 4408-13' 4587-94'; 4615-20'; 4624-26'; 4630-32'	Depth Casing Shoe ---							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8-3/4"	7"	1496'	225 sx 6% gel, 1/4#
flocle, 100 sx Class "C" w/2% CaCl. Circ to Surface.			
6-1/2"	4-1/2"	4773'	1425 sx TLW w/10% DD.
12# sx salt, 1/4# flocle, 3# gilsonite & 250 sx Class "C", 1/4#/ sx salt, 3# gil. TOC @ 2010'			

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)

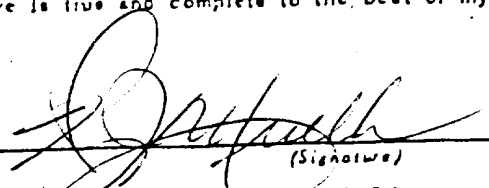
Date First New Oil Run To Tanks 2-18-84	Date of Test 2-21-84	Producing Method (Flow, pump, gas lift, etc.) Pumping 2" x 1-1/4" x 20' Three Tube Sand pmp	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 74	Water-Bbls. 13	Gas-MCF 70

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
---	---	---	---
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
---	---	---	---

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.


W. J. Mueller
Senior Engineering Specialist
February 23, 1984

OIL CONSERVATION DIVISION

APPROVED FEB 28 1984, 19
BY Eddie W. Seay
TITLE Oil & Gas Inspector

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

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

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

Fill out only Sections I, II, III, and VI for change of owner well name or number, or transporter, or other such change of condition. Form 0-104 must be filed for each well in multiple.

RECEIVED
FEB 27 1984
O.C.D.
HOBBS OFFICE

WELL INCLINATION SURVEY

I, Reed Albritton, certify the following is the correct hole inclination survey for the well as described below:

H. C. Hood, Phillips-
(Company or Operator) (Lease)
State _____ Well No. 1
in NE 1/4 of NW 1/4, of Sec 30, T 17-S,
R 34-E, NMPM. Wildcat Pool, _____
Lea County. Well is 660 feet from XXX North
line and 1805.7 feet from West line of Section 30.

Depth (Feet)	Inclination (Degree)	Depth (Feet)	Inclination (Degree)
478	1/2	4269	1/2
970	1/2	4664	1-1/4
1460	1/4	5090	1-1/4
1500	1/4	5330	3-1/4
2000	1-3/4	5486	3-3/4
2500	2-1/4	5786	1/2
2906	3-1/4	6027	1
3294	1-3/4	6278	1
3777	1		

H. C. Hood
(Company or Operator)
By _____

RECEIVED
FEB 24 1994
O.C.D.
HOBBS OFFICE