NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

API No. 30-025-26376

Operator
Phillips Petroleum Company

Address
Room 401, 4001 Penbrook, Odessa, Texas 79762

Reason(s) for filing (Check proper box)

New Well	[X]	Change in Transporter of:			
Recompletion	[ ]	Oil	[ ]	Dry Gas	[ ]
Change in Ownership	[ ]	Casinghead Gas	[ ]	Condensate	[ ]

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
East Vacuum Gb/ San Andres Unit, Tr. 2622	001	Vacuum Gb/San Andres	State	B-149

Location
Unit Letter E : 1460 Feet From The North Line and 1310 Feet From The West

Line of Section 26 Township 17-S Range 35-E NMPM Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Texas--New Mexico Pipeline

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 2528, Hobbs, New Mexico 88240

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
Phillips Petroleum Company

Address (Give address to which approved copy of this form is to be sent)
Room 401, 4001 Penbrook, Odessa, Texas 79762

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	26	17S	35E	Yes	11-1-79

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 Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-11-79	10-24-79	4800'	4688'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3911' GR	Grayburg/San Andres	4076'	4658'
Perforations			**Depth Casing Shoe**
4378-4631'			4798'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	369	(w/675 sxs C1H, w/2% CaCl2, 1/4# sx (celloflakes. Circ 150 sxs to surface
8-3/4"	7"		(w/1000 sxs TLW, 12# salt, 10% DD, 1/4 (sx Flocele, 3# sx Gelsonite. Tail in w/400 sxs C1H, 8# salt. Circ 216 sx TLW.
	2-7/8"	4658'	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-3-79	11-12-79	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs.	--	--	--
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
--	34	27	22

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, 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 Commission 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
(Signature)

Senior Engineering Specialist
(Title)

November 13, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 16 1979, 19

BY

TITLE SUPERVISOR DISTRICT 1

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 deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, or transporter, or other such change of condition.