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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

API NO. 30-025-26382

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Vacuum Gb/SA Unit, Tract 2801	Well No. 005	Pool Name, including Formation Vacuum Gb/SA	Kind of Lease State XXXXXXXXXX State	Lease No. A-1320
Location Unit Letter L 1310 Feet From The West Line and 2630 Feet From The South Line of Section 28 Township 17-S Range 35-E, NMPM, 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"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit N Sec. 28 Twp. 17-S Rge. 35-E	Is gas actually connected? Yes When 3-10-80

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10-28-79	Date Compl. Ready to Prod. 2-19-80		Total Depth 4800'		F.B.T.D. 4761'			
Elevations (DF, RKB, RT, GR, etc.) 3967' DF 3968' RKB	Name of Producing Formation Grayburg/San Andres		Top Oil/Gas Pay 4120'		Tubing Depth 4589'			
Perforations 4488'-4570'					Depth Casing Shoe 4799'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		350' (w/300 sxs C1 H 2% CaCl ₂ Circ 35 sxs to (surf.)					
7-7/8"	5-1/2"		4799' (w/1050 sxs TLW w/12# salt, 10% DD, 3# (Gilsonite, and 1/4# Flocele. Tail w/480 sxs C1 H w/8# salt, 2% CaCl ₂ Circ 15 sxs)					

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)

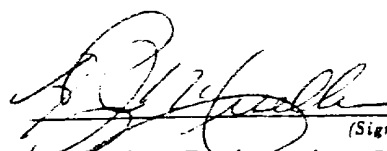
Date First New Oil Run To Tanks 3-10-80	Date of Test 4-17-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 3	Water-Bbls. 0	Gas-MCF 20

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

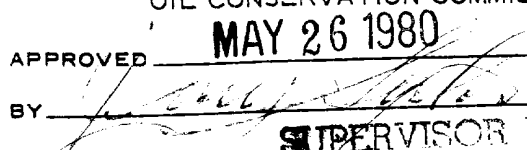
VI. CERTIFICATE OF COMPLIANCE

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)

May 21, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 26 1980, 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 completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

INCLINATION REPORT

API # 30-025-26382

RECORD OF INCLINATION

July 31, 1980

June Chase
 Sewing for Mr. and Mrs. Ester
 Country, N. H.
 (June Chase)