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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API NO. 30-025-26397

Operator Phillips Petroleum Company	
Address Room 401, 4001 Penbrook St., Odessa, Texas 79762	
Reason(s) for filing (Check proper box)	
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 Gb/SA Unit, Tract 2963	Well No. 003	Pool Name, including Formation Vacuum Gb/SA	Kind of Lease State XXXXXXXXXX State	Lease No. B-2433-12
Location				
Unit Letter N	1430	Feet From The West	Line and 1175	Feet From The South
Line of Section 29	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"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipeline	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"/>	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.	Unit B	Sec. 31	Twp. 17-S	Rge. 35-E	Is gas actually connected? Yes	When 5-3-80

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 10-10-79	Date Compl. Ready to Prod. 3-3-80		Total Depth 4913'		P.B.T.D. 4852'			
Elevations (DF, RKB, RT, GR, etc.) 3972' GL 3982' DF	Name of Producing Formation Grayburg/San Andres		Top Oil/Gas Pay 4097'		Tubing Depth 4470'			
Perforations 4517'-4584'					Depth Casing Shoe 4913'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE 12-1/4"	CASING & TUBING SIZE 9-5/8" (Cmt w/300 sxs C1 H, 2% CaCl)	DEPTH SET 350' (1/4# Flocele. Dis-	SACKS CEMENT (placed plug to 318' w/840 gals Acetic acid + 42 gals FW. Circ est 40 sxs solid cp
8-3/4"	7"	4913' (w/1100 sxs TLW w/12# salt, 10% DD, 1/4#	(Flocele + 3# Gilsonite, tail in w/475 sxs C1 H w/8# salt. Circ 470 sxs to surf.)

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)

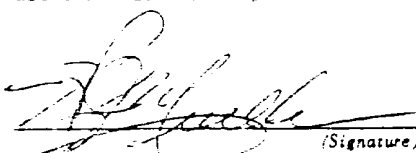
Date First New Oil Run To Tanks 5-3-80	Date of Test 5-7-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 3	Water-Bbls. 11	Gas-MCF 15

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. 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 [Signature]
TITLE [Signature]

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 1111.

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

