

DISTRIBUTION	
SALES AREA	
TITLE	
FILE NO.	
DATE OF FILING	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Superseded by Old C-104 and C
Effective 1-1-66

API No. 30-025-26518

Phillips Petroleum Company

Room 401, 4001 Penbrook St., Odessa, Texas 79762

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☒ Dry Gas ☐
Change in Ownership ☐	Condensate ☐

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name East Vacuum Gb/SA Unit, Tract 3202	Well No. 009	Well Name, including Formation Vacuum Gb/SA	Kind of Lease State, XXXXXXXXXXXX	Lease No. A-1320
Location				
Unit Letter 0	1650	Feet From The East	Line and 175	Feet From The South
Line of Section 32	Township 18-S	Range 35-E	Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	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 Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company GPM Gas Corporation	Room 401, 4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
J 32 17-S 35-E	Yes 1-15-80

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 Reservoir, Oil, Gas ☐		
Date Spudded 11-11-79	Date Compl. Ready to Prod. 1-8-80	Total Depth 4805'	P.B.T.D. 4750'
Elevations (DF, RAB, RT, GR, etc.) 3955.9 GL 3956 GR	Name of Producing Formation Grayburg/San Andres	Top Oil/Gas Pay 4070'	Tubing Depth 4552'
Perforations 4395'-4642'			Depth Casing Shoe 4801'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE 11"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 364' (w/300 sxs C1 H w/2% CaCl ₂ , 1/4# Flocelele (circ 50 sxs to surface.)	SACKS CEMENT
7-7/8"	5-1/2"	4801' (w/1500 sxs TLW w/12# salt, 10% DD, 1/4# Flocelele, 3# Gilsonite, tail in w/400 sxs C1 H w/8# salt and 2% CaCl ₂ circ to surf.)	

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of lost 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 1-15-80	Date of Test 1-17-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 165	Casing Pressure 39	Choke Size 126
Actual Prod. During Test	Oil-IPB, etc.	Water-IPB, etc.	Gas-MCF

GAS WELL

Weighted, Test-MCF/D	Length of Test	Boils, Condensate/MCF	Gravity of Condensate
Testing Method (flow, tank, etc.)	Tubing Pressure (abs-in)	Casing Pressure (abs-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)

January 23, 1980

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE SUPERVISOR DISTRICT I

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

If this be a request for allowable for a newly drilled or reworked well, this form must be accompanied by a calculation of the volume of gas taken on the well in accordance with RULE 1104.

All portions of this form must be filled out completely for allowable on most of the wells.

Fill out only Sections I, II, III, and IV for change of name, well number, or transporter, or other such change of control.