OF COPIES RECI	EIVED		
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SANTA FE			
FILE			
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
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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. 30-025-26519 Operator Phillips Petroleum Company Address Room 401, 4001 Penbrook, Odessa, TX 79762
Reason(s) for filing (Check proper box) Other (Please explain) X New Well X Dry Gas Oil Recompletion Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Lease Name East Vacuum Gb/SA Well No. Pool Name, Including Formation State, Federal or Fee B-1400-3State Unit, Tract 3315 005 Vacuum Gb/SA Location <u> 1685</u> 1400 Feet From The East Line and Feet From The South Unit Letter Lea County 33 Township 17-S Range 35-E , NMPM, Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil X | or Condensate | | Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88240
Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipeline Name of Authorized Transporter of Casinghead Gas X or Dry Gas 4001 Penbrook, Odessa, TX 79762
Is gas actually connected? When Phillips Petroleum Company Twp. Rge. If well produces oil or liquids, 33 17-S 35-E 2-9-80 Yes J If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Plug Back New Well Workover Oil Well Gas Well Designate Type of Completion - (X) Х X Total Depth Date Compl. Ready to Prod. P.B.T.D. Date Spudded 4900' 4762 11-26-79 2 - 6 - 80Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 4593 3949' GR Grayburg/San Andres 44441 Depth Casing Shoe Perforations 4895**'** 4452-4576 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (w/350 sxs C1 H w/2% CaC1, 1/4# Flocele. (Circ 50 sxs to surf.) 12-1/4" 9-5/8" 4895 (w/1100 sxs TLW w/12% salt, 10% DD, 1/4# 8-3/4" (Flocele, 3# Gilsonite, followed w/475 sxs "H" w/8# sx salt. Did not get re(turns. TOC 480)

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allow
able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Cil Run To Tanks Date of Test 2-9-80 Pump 3-11-80 Choke Size Tubing Pressure Cosing Pressure Length of Test 24 hrs Oil - Bbls. Water - Bbls. Actual Prod. During Test 26 89 **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod, Test-MCF/D Choke Size Casing Pressure (Shut-in) Testing Method /pitci, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION 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. TITLE This form is to be filed in compliance with RULE 1104.

W. J. Mueller		
(Signature) Senior Engineering Specialst		
, other management of the contract of the cont	_	

(Date)

March 25, 1980

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 allow-

able 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.