| NO. OF COPIES RECEIVED | - | - | | |
|--|--|--|--|--|
| DISTRIBUTION | NEWAENICO | CONSERVATION COMMISSION | | |
| SANTA FE | | Form C-104 Supersedes Old C-104 and C-11 | | |
| FILE | T. T. REGUES | REQUEST FOR ALLOWABLE AND | | |
| U.S.G.S. | AUTHORIZATION TO TR | RANSPORT OIL AND NATURAL GAS | | |
| LAND OFFICE | <u> </u> | | es de la companya de | |
| TRANSPORTER OIL | <u> </u> | | in the second se | |
| OPERATOR | 1 · · · · · · · · · · · · · · · · · · · | | · | |
| PRORATION OFFICE | | API 30-025-26522 | | |
| Cognitor | | AP 1- 30-023-20322 | | |
| Phillips Petrol | eum Company | | | |
| Address | - | | | |
| Room 401, 4001 | Penbrook, Odessa, Tx. 79762 | - Figure | | |
| Reason(s) for filing (Check | | Other (Please explain) | | |
| Recompletion | Change in Transporter of: Oll X Dry (| Sas [| | |
| Change in Ownership | | ensate | | |
| If change of ownership giv | /A name | | | |
| and address of previous of | | | | |
| II. DESCRIPTION OF WEI | LL AND LEASE Well No. Pool Name, including | Formation Kind of Lease | | |
| Ch/SA Unit Track | | State, Tederal or i | Lease No. | |
| Gb/SA Unit, Trac | 3467 001 Vacuum ^{Gb} /SA | State, Federar 6-1 | B-2519 | |
| Unit Letter B | ; 1520 Feet From The East L | ine and 1050 Feet Tee The | NT 1 | |
| | , and the Bast L | ine and 1050 Feet From The | NOTEN | |
| Line of Section 32 | Township 17-S Range | 35-E , NMPM, Lea | County | |
| | INSPORTER OF OIL AND NATURAL G | AS | | |
| Name of Authorized Transpo | | Address (Give address to which approved c | opy of this form is to be sent) | |
| Texas - New Mexic Name of Authorized Transpo | CO Pipeline orter of Casinghead Gas or Dry Gas | P. O. Box 2528 Hobbs New Address (Give address to which approved c | Mexico 88240 | |
| Phillips Petrole | - Company | 4001 Penbrook, Odessa, To | | |
| If well produces oil or liquid | Timit Con Thur | Is gas actually connected? When | exas /9/62 | |
| give location of tanks. | N 27 17-S 35- | E Yes | | |
| If this production is commi | ingled with that from any other lease or pool | , give commingling order number: | | |
| V. COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen Plu | ug Back Same Res'v. Diff. Res'v. | |
| Designate Type of C | ompletion – (X) | X | 1 | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth P.I | B.T.D. | |
| 11-10-79 Elevations (DF, RKB, RT, C | 2-7-80 | 4900' | 4850' | |
| | | • | bing Depth | |
| 3924 GR Perforations | Grayburg/San Andres | 4158 | pth Casing Shoe | |
| 4475'-4606' | | Del | | |
| 1173 4000 | TUBING, CASING, AN | ID CEMENTING RECORD | 4872 ' | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| 11" | 8-5/8" | 370' (w/300 sxs C1H 2% CaC | C1 ¼# Flocele Circ 10 | |
| 7-7/8" | | sxs to surface) | | |
| 1-1/8 | 5½" Flocele, 3# Gilsonite & 450 | 4870' (w/1150 sxs TLW, 103 | DD, 12# salt, ½# | |
| V TEST DATA AND PEO | UEST FOR ALLOWABLE (Test must be | 5xs CI "H", 8# salt 2% Cat] | Circ 120 sxs TLW to | |
| OIL WELL | able for this a | ajter recovery of total volume of load oil and m lepth or be for full 24 hours) | nust be equal to or exceed top allow- | |
| Date First New Oil Bun To | Tanks Date of Test | Producing Method (Flow, pump, gas lift, etc | :.) | |
| 2-13-80 | 3-14-80 | Pump | | |
| Length of Test | Tubing Pressure | Casing Pressure Cha | oke Size | |
| 24 hrs Actual Prod. During Test | Oil - Bbls. | Water-Bbls. Ga | - | |
| Actual Floar Dailing Tool | | | B - MCF | |
| | 12 | 197 | 6 | |
| GAS WELL | | | | |
| Actual Prog. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF Gra | rvity of Condensate | |
| Testing Method (pitot, back | pr.) Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) Cha | oke Size | |
| I. CERTIFICATE OF COM | IPI IANCE | | | |
| CENTIFICATE OF CON | II LIANCE | OIL CONSERVATIO | N COMMISSION | |
| 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. | | APPROVED | 19 | |
| | | | erlan | |
| and comple | to the beat of my knowledge and belief. | SUPERVISOR | DISTRICT | |
| - Ind | 4 | TITLE | E AVALAN ATRICA E | |
| To I will | 211 | This form is to be filed in compl | | |

(Signature)

(Date)

Senior Engineering Specialist

May 16, 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 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.

STATE OF NEW MEXICO

INCLINATION REPORT

| Riold Noma | ONE COPI MUST BE FILED WI | TH EACH COMPLETION RE | PORT. API #30-025-26522 |
|----------------|--|--|---|
| Exerc Name | Vacuum Grayburg/San Andres | County Lea | |
| • | THETTEDS TECTOTEUM Company | Addrage Last | |
| | Trace 3 | (16 / Well No oo. | |
| | r,520 leet | Irom the Foot | المستعمد المستعمل المستعمل المستعمد المستعمل المستعمل المستعمل المستعمل المستعمل المستعمل المستعمل المستعمل الم |
| - | North line of Section | 34 , Township | 17-S Range 25 R |
| | | | , mile 33-E |
| | RECORD OF 1 | CLINATION | |
| Depth (Feet) | Angle of | | Angle of |
| 390 | The state of the s | Depth (Feet) | Inclination (Degrees) |
| 1010 | <u> 1/4</u> 3/4 | Control State of Control of Contr | |
| 1505 2100 | 3/4 | The state of the s | |
| 2842 | $\frac{1/2}{2/4}$ | | |
| 3580 | 3/4 | | |
| 3947 | 3/4 | and the same of th | |
| 4232 | 3/4 | | |
| | | | |
| | | and the same of th | |
| | | · | |
| | | | |
| | - | | |
| | | | 1 |
| | | | |
| | and the same of th | | |
| | | The substitute of the substitu | |
| - | and the state of t | The Marie of the Control of the Cont | |
| | Control of Proper Williams | | |
| | | | |
| | | | |
| | And the state of t | | |
| | | | |
| | | Harming on Administration of the constitution | |
| * | | | |
| | _ | | |
| | | The state of the s | |
| | | and the same of th | - |
| | delines require or resignating personal region delines in the contract of the | | |
| | | | |
| and that such | fy that I have personal knowledge information given above is true | of the data and fact | s placed on this form |
| | | Roll | W I Mueller |
| Sworn and Saka | cribed to best | Signature and Title | W. J. Mueller of Affiant |
| 19 <u>80</u> . | cribed to before me, this the | Senior Engineering | Specialist man- |
| • | | ****** | , |
| $N^{(i)}$ | | | |
| · · | | June (| 26. |
| y : | | Notary bublic in and | for C. T. |
| My Commission | | County, Texas | |
| July 31 | 1980 | | (June Chase) |