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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 30-025-26526 Operator Phillips Petroleum Company Address Room 401, 4001 Penbrook, Odessa, Texas 79762 Other (Please explain) Reason(s) for filing (Check proper box) X New Well Dry Gas 110 Recompletion Condensate Change in Ownership If change of ownership give name and address of previous owner ___ DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. Pool Name, Including Formation Tr. 2648 State, KYXXXXXXXXXX B - 2181Vacuum Gb/SA 001 East Vacuum Gb/SA Unit Location Feet From The __ 1380 Feet From The_ west Line and 1310 Unit Letter 35-E , NMPM, 17-S Range Township 26 Line of Section DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Acidress (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil X P. O. Box 2528, Hobbs, New Mexico 88240 Texas-New Mexico Pipeline Company Address (Give address to which approved copy of this form is to be sent) or Dry Gas Name of Authorized Transporter of Casinghead Gas 🗓 4001 Penbrook, 2nd Floor, Odessa, Texas Phillips Petroleum Company Is gas actually connected? When Sec. P.ge. Unit Twp. If well produces oil or liquids, 6-21-80 17-S 35-E F 126 If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Plug Back Oil Well Designate Type of Completion - (X) X X P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded 4738' 4780' 4-21-80 11-25-79 Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc., 4621' 4120' 3919.6 GL 3930' RKB Grayburg/San Andres Depth Casing Shoe 4600-4614' Perforations 4511-4516 4568-45791 4770° 4583-4593***** 56'--56 Shots 4520-4536**'** TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (w/350 sxs C1 H w/2% CaCl 1/4# sx 11" 8-5/8" (Flocele. Circ 25 sxs to surface (w/1250 sxs TLW w/10% DD,12# sal 5-1/2" 4770***** 7-7/8" (1/4# Flocele, #3 Gilsonite, tail w/480 sxs Cl H w/8# salt. Circ 225 sxs).

V. TEST DATA AND REQUEST FOR ALLOWABLE
(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) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Insert 2-1/2" x 1-1/2" x 121-7-81 6-21-80 Choke Size Casing Pressure Tubing Pressure Length of Test 24 hrs Water - Bbls. Gas - MCF 011-Bbls. Actual Prod. During Test 1 146 1 GAS WELL Gravity of Condensate Ebls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) 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.

W. J. Mueller (Signature) Specialist

Senior Engineering (Title)

May 1, 1981

(Date)

APPROVED BY

SUPERVISOR DISTRICT

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

If this is a request for allowable for a newly drilled or despende 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.