NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE AND SPORT OIL AND NATURAL GAS	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator	API #30-025-	26569	
Reason(s) for filing (Check pro   New We!!   Recompletion   Change in Ownership	enbrook, Odessa, Texas 79763 er box; Change in Transporter of: Oil Dry Gas Casinghead Gas Condens	Other (Please explain)	
If change of ownership give and address of previous own I. DESCRIPTION OF WELL Lesse Name East Vacu SA Unit, Tract Location	AND LEASE. Im GB/ Well No. Pool Name, Including Fo	State, 5.99191902	
Unit Letter <u>'F</u> ; Line of Section 20		5-Е , ММРМ, Lea	North
Name of Authorized Transport Texas-New Mexic Name of Authorized Transport	Pipeline Co. r of Casinghead Gas X or Dry Gas eum Company SPM Gas Corporation Unit Sec. Twp. Rge.	P. O. Box 2528, Hobbs, N Address ( <i>Give address to which approved</i> EFFECTIVE: February 1 : 4001 Penbrook St. Odess Is gas actually connected?	M 88240 copy of this form is to be sent) 292 TX 79762
give location of tanks.	$\frac{J}{19} + \frac{17-S}{17-S} + \frac{35-E}{35-E}$	give commingling order number:	N/A N/A
Date Spudded 1-16-80 Elevations (DF, RKB, RT, GI 3975.5' GL, 3985'	Date Compl. Ready to Prod. 4-28-80 , etc., Name of Producing Formation	- 4900' Top Oil/Gas Pay , 7 4350'	P.B.T.D. 4812' Tubing Depth 4673' Depth Casing Shoe
Perforations 4609-4 HOLE SIZE		D CEMENTING RECORD	4887'
<u>12-1/4"</u> 7-7/8"	8-5/8" 4-1/2" cele & 3# Gilsonite, Tail in	circ 60 sxs to sur 4887' (w/1200# sxs TLW w	<u>1/12# salt, 10% Dia. D</u>
V. TEST DATA AND REQU OIL WELL Date First New Oil Bun To T	EST FOR ALLOWABLE (Test must be a $2-3/8$ " able for this du	fter recovery of total volume of load oil ame epth or be for full 24 hours) 4673' Producing Method (Flow, pump, gas lift, Insert 2'' x 1-1/4'' x 16' Casing Pressure	d must be equal to or exceed top allow- etc.;
10-24-80 Length of Test 24 hrs Actual Prod. During Test	Tubing Pressure		Gas-MCF
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back		Casing Pressure (Shut-in)  OIL CONSERVAT	Choke Size
Commission have been c above is true and comple (Senior Enginee	PLIANCE les and regulations of the Oil Conservation mplied with and that the Information given to the best of my knowledge and belief. <u>W. J. Mueller</u> (Signature) <u>ring Specialist</u> (Title) 980	APPROVED BY TITLE This form is to be filed in co If this is a request for allows well, this form must be accompan tests taken on the well in accord All sections of this form mus able on new and recompleted well	ompliance with RULE 1104. able for a newly drilled or deepened ied by a tabulation of the deviation lance with RULE 111. t be filled out completely for allow-

## INCLINATION REPORT

OPERATOR Phillips Petroleum Co.	ADDRESS Rm 401, Phillips Bldg., Odessa, Te	xas
East Vacuum GB/SA Unit		9762
LEASE NAME Tract 2059	WELL NO. 003 FIELD Vacuum GB/SA	
LOCATION (Unit F) 1330 FWL & 2630 FNL, SE	C. 20 T-17-S, R-35-E, Lea County, New Mexic	0

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
365	1/2	3,1755	3,1755
854	1/2	4.2543	7.4298
1349	1/2	4.3065	11.7363
2329	1	17,1500	28.8863
2830	1	8.7675	37.6538
3142	1 1/2	8.1744	45,8282
3493	1	6.1425	51.9707
3988	1	8.6625	60.6332
4419	1 1/4	9,3958	70.0290
4822	1 1/2	10,5586	80/5876
4900	1	1.3650	81.9526

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

TITLE John Ayers, Office Manager

AFF IDAVIT:

Before me, the undersigned authority, appeared John Ayers known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Aolus Hurchs AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 30th day of January **, 19**\_80

MY COMMISSION EXPIRES MARCH 1, 1980

Notary Public in and for the County

of Lea, State of New Mexico

SEAL