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	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

API No. 30-025-26573

Operator Phillips Petroleum Company		
Address Room 401, 4001 Penbrook, Odessa, Texas, 79762		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name East Vacuum GB/SA Unit	Tract 2622	Well No. 002	Pool Name, including Formation Vacuum GB/SA	Kind of Lease State, Federal or Prop	Lease No. B-1497
Location Unit Letter 'G' ; 1330 Feet From The East Line and 1430 Feet From The North					
Line of Section 26 Township 17-S Range 35-E, NMPM, Lea County					

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, New Mexico, 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 2nd Floor, 4001 Penbrook Street, Odessa, Texas, 79762					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 26	Twp. 17-S	Rge. 35-E	Is gas actually connected? Yes	When 5-14-80

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-18-79	Date Compl. Ready to Prod. 5-12-80	Total Depth 4808'	P.B.T.D. 4750'					
Elevations (DF, RKB, RT, GR, etc.) 3905.1 GR 3915' RKB	Name of Producing Formation Grayburg/San Andres	Top Oil/Gas Pay 4149'	Tubing Depth 4440'					
Perforations 4486-4494', 4497-4508' 19'--19 Shots			Depth Casing Shoe 4808'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
11"	8-5/8"	351 (w/350 sxs Cl H w/2% CaCl ₂ circ 100 sxs to sur						
7-7/8"	5-1/2"	4808' (w/1000 sxs TLW w/12# salt, 10% DD, 1/4#						
	(Flocele, 3# Gilsontite, 345 sxs Cl "H" w/5# salt, circ 300 sxs to	4504'			surface)			
	2-7/8"							

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)

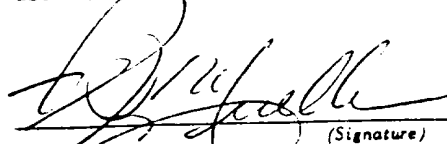
Date First New Oil Run To Tanks 5-14-80	Date of Test 3-22-81	Producing Method (Flow, pump, gas lift, etc.) Insert Pmp 2-1/2" x 1-1/2" x 12"	
Length of Test 24 Hrs.	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 1	Water-Bbls. 1	Gas-MCF 98

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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)
Senior Engineering Specialist
(Title)

April 16, 1981

(Date)

:eha

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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

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.

INCLINATION REPORT

OPERATOR Phillips Petroleum Corporation ADDRESS Rm 401, Phillips Bldg., Odessa, TX 79762

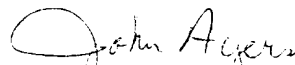
LEASE NAME EVGSA Unit 2622 WELL NO. 002 FIELD Vacuum Gb/SA

LOCATION (Unit G) 1300' EEL & 1430' ENL, Sec. 26, T-17-S Lea County, New Mexico
R-35-E

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
352	3/4	4.6112	4.6112
755	3/4	5.2793	9.8905
1253	1	8.7150	18.6055
1752	1 1/4	10.8782	29.4837
2250	1	8.7150	38.1987
2746	1 1/2	12.9952	51.1939
3225	1 3/4	14.6095	65.8034
3721	2	17.3104	83.1138
3999	1 1/4	6.0604	89.1742
4469	1/2	4.0890	93.2632
4810	3/4	4.4671	97.7303

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

AFFIDAVIT:

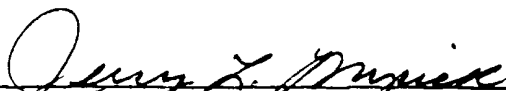
Before me, the undersigned authority, appeared John Ayers
 known to me to be the person whose name is subscribed herebelow, who, on making
 deposition, under oath states that he is acting for and in behalf of the operator
 of the well identified above, and that to the best of his knowledge and belief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


AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 10th day of January, 19 80

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL


Notary Public in and for the County
of Lea, State of New Mexico