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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. 30-025-26575

Operator Phillips Petroleum Company	
Address Room 401, 4001 Penbrook St., Odessa, Texas 79762	
Reason(s) for filing (Check proper box)	
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 NA

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Vacuum Grayburg-SA Unit, Tr 2819	Well No. 004	Pool Name, Including Formation Vacuum Gb/SA	Kind of Lease State, XXXXXXXXXX	Lease No. B-1423
Location Unit Letter G ; 1330 Feet From The East Line and 1330 Feet From The North Line of Section 28 Township 17-S Range 35-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Texas-New Mexico Pipe Line	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"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Company	4001 Penbrook St., Odessa, Tx 79762	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 28
	Twp. 17-S	Rge. 35-E
	Is gas actually connected? Yes	
	When 5-29-80	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1-3-80	Date Compl. Ready to Prod. 3-11-80		Total Depth 4800'		P.B.T.D. 4750'			
Elevations (DF, RKB, RT, GR, etc.) 3943.0 GR	Name of Producing Formation Grayburg-San Andres		Top Oil/Gas Pay 4118'		Tubing Depth 4603'			
Perforations 4510' - 4590'					Depth Casing Shoe 4797'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		350' (w/350 sxs C1 "H" w/2% CaCl & 1/4# Flocele circ 80 sxs to surface).					
7-7/8"	5-1/2"		4799' (w/1345 TLW, 12# salt 10% DD, 1/4# Flocele 400 sxs C1 "H", 5# salt. Circ 675 sxs to surface)					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

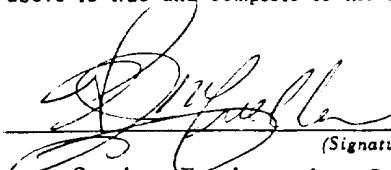
Date First New Oil Run To Tanks 3-13-80	Date of Test 6-4-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test	Oil-Bbls. 3	Water-Bbls. 2	Gas-MCF 30

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

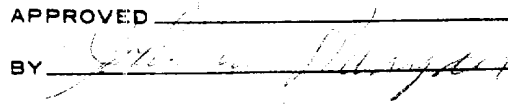
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


W. J. Mueller
(Signature)
Senior Engineering Specialist
(Title)

August 25, 1980

(Date)

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 Co. ADDRESS Rm 401, Phillips Bldg, Odessa, Texas 79762
 LEASE NAME East Vacuum GB/SA Unit Tract WELL NO. 004 FIELD Vacuum GB/SA
 LOCATION Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
350	1/4	1.5400	1.5400
843	1/4	2.1692	3.7092
1339	1/4	2.1824	5.8916
1836	1/4	2.1863	8.0784
2328	1/2	4.2804	12.3588
2815	1	8.5225	20.8813
2915	1 1/4	2.1800	23.0613
3406	1 1/4	10.7033	33.7651
3898	1 1/2	12.8904	46.6555
4426	1 1/2	13.8336	60.4891
4467	1 3/4	1.2505	61.7396
4739	2 1/4	10.6896	72.4292
4800	2 1/2	2.6596	75.0888

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

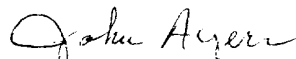
CACTUS DRILLING COMPANY



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.

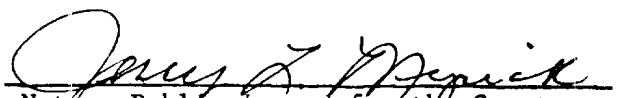


AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 28th day of January, 1980

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL


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