

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	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. 30-025-26577

Operator Phillips Petroleum Company	
Address Room 401, 4001 Penbrook St., 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

NA

DESCRIPTION OF WELL AND LEASE

Lease Name East Vacuum Gb/SA Unit, Tract 2923	Well No. 001	Pool Name, Including Formation Vacuum Gb/SA	Kind of Lease State, Federal or Free XXXXXXXXXX	Lease No. B-1501
Location Unit Letter <u>G</u> : <u>1410</u> Feet From The <u>East</u> Line and <u>1330</u> Feet From The <u>North</u> Line of Section <u>29</u> Township <u>17-S</u> Range <u>35-E</u> , NMPM, <u>Lea</u> County				

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 Pipeline Co.	P.O. Box 2528, Hobbs, NM 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 I	Sec. 29
	Twp. 17-S	Rge. 35-E
	Is gas actually connected? <u>Yes</u> When <u>11-24-80</u>	

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

NA

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 1-1-80	Date Compl. Ready to Prod. 10-30-80		Total Depth 4900'		P.B.T.D. 4850'			
Elevations (DF, RKB, RT, GR, etc.) 3963.6GR, 3976'RKB	Name of Producing Formation Grayburg-San Andres		Top Oil/Gas Pay 4188'		Tubing Depth 4600'			
Perforations 4578' - 4652'					Depth Casing Shoe 4900'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	375'	(3500sxs Cl. 11" w/2% CaCl ₂ Circ 70sxs to surface)
7-7/8"	5-1/2"	4900' (w/1000 sxs TLW w/12# salt, 10% (DD followed w/ 500 sxs Cl. 11" w/5# salt, circ 411 sxs to surface)	

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL


Date First New Oil Run To Tanks 11/24/80	Date of Test 11/24/80	Producing Method (Flow, pump, gas lift, etc.) Insert 2-1/2" X 1-1/4" X 12'	
Length of Test 24 hrs	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test	Oil-Bbls. 25	Water-Bbls. 5	Gas-MCF 18

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 -----

I. 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)

December 30, 1980

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JAN 02 1981

, 19

BY

SUPERVISOR DISTRICT

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 1111.

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
East Vacuum Grayburg/San 79762
 LEASE NAME Andres Unit Tract 2923 WELL NO. 001 FIELD Vacuum Grayburg/San Andres
 LOCATION (Unit G) 1410 FEL & 1330 FNL, Sec. 29, Lea County, New Mexico
T-17-S, R-35-E

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
375	1/4	1.6500	1.6500
934	1/4	2.4596	4.1096
1433	1/2	4.3413	8.4509
1928	1/2	4.3065	12.7574
2395	1	8.1725	20.9299
2916	1 1/2	13.6502	34.5801
3460	1 1/4	11.8592	46.4393
3639	1	3.1325	49.5718
4178	1 1/2	14.1218	63.6936
4677	1 3/4	15.2195	78.9131
4900	2	7.7827	86.6958

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

John Ayers

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.

John Ayers

AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 16th day of January, 19 80

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL

James L. Dwyer
 Notary Public in and for the County
 of Lea, State of New Mexico