HO. OF COPIES RECE	IVED	-	
DISTRIBUTION			
SANTA FE		<u> </u>	
FILE			
U.S.G. <b>S</b> .			<u> </u>
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	<u> </u>	<u> </u>
OPERATOR			<u> </u>
		I	I

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## NEW MEXICO OIL CONSERVATION COMMISSION PEOLIEST FOR ALLOWARIE

Form C-104 Supersedes Old C-104 and C-110

SANIAFE		OR ALLOWADEL	Effective 1-1-65				
FILE		AND HORIZATION TO TRANSPORT OIL AND NATURAL GAS					
U.S.G.\$.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	3				
LAND OFFICE							
IRANSPORTER OIL			0				
GAS							
OPERATOR							
PRORATION OFFICE	API No. 30-025-2	26580					
Operator							
	ompany						
Phillips Petroleum Co	ompany						
Address	01 7/	0.7/0					
Room 401, 4001 Penbro	ook St., Odessa, Texas 79	Other (Please explain)					
Reason(s) for filing (Check proper box)	,	Jimer (t table tape )					
New Well X	Change in Transporter of:	rest (					
Recompletion	Oil Dry Gas	ا المنظم					
Change in Ownership	Casinghead Gas Condens	nte					
If change of ownership give name	NA						
and address of previous owner		و والاز والدور والتحديد والاستحادة المستحدد المستحدد والمستحدد والمستحد والمستحدد والم					
DESCRIPTION OF WELL AND I	EASE. Well No.   Pool Name, Including For	rmution Kind of Lease	Least No.				
Lease Name East Vacuum		State, KralinaK	07 XXX				
Gb/SA Unit, Tract 2980	002   Vacuum Gb/SA		E-7585				
Location							
F 133	30 Feet From The West Line	and 1330 Feet From T	he <u>North</u>				
Unit Letter;;							
Line of Section 29 Tow	nship 17-S Range	35-E , NMPM,	Lea County				
Line of Section 29 Tow	1.51149 17 0						
	SER OF OUR AND MATURAL CA	9					
DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)				
Name of Authorized Transporter of Oil	<del>~</del>						
Texas-New Mexico Pipel:	ine Company	P. O. Box 2528, Hobbs, Address (Give address to which approv	ed copy of this form is to be sent)				
Name of Authorized Transporter of Cas	inghead Gas 📉 or Dry Gas 🗌	Address (title address to which approv	ca copy of the familiar				
Phillips Petroleum Com	pany	4001 Penbrook St., Odes	ssa, TX 79762				
	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n -				
If well produces oil or liquids,	I 29 17-S 35-E	Yes	11-18-80				
give location of tanks.		4	NA ·				
If this production is commingled with	th that from any other lease or pool,	give comminging order number.	IVA				
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v				
Designate Type of Completion	011	1	1 1				
Designate Type of Completion	1 1	I X	P.B.T.D.				
Date Spudded	Date Compl. Ready to Prod.	Total Depth					
12-29-79	10-14-80	4908'	4850				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
<b>.</b>	Grayburg-San Andres	4202'	4603'				
3973' GR	Grayburg-San Andres	1 4202	Depth Casing Shoe				
Perforations			4900 <b>'</b>				
4523-4638							
		D CEMENTING RECORD	SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET					
11"	8-5/8"	353(w/350 sxs Cl "H" s	w/2% CaCl <sub>2</sub> & 1/4# Flocel				
<u>_</u>	0 37 0	Circ 80 sys to su	rface.				
7 7 7011	5-1/2"	4000 (w/1065 sxs TLW w/	12# salt, 10% Diacel D.				
7-7/8"			55 sxs to surface.				
(1/4# Flocele	, 3# GIISONILE, 420 SXS	ti ii wjoji sait. Gile	i be sound to se around top allo				
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	epth or be for full 24 hours) 4603	and wast as educate of except to a				
OIL WELL	2-770	Producing Method (Flow, pump, gas in					
Date First New Oil Run To Tanks	Date of Test	1					
10-16-80	11-18-80	Insert 2-1/2" x 1-1/4"	x 12' pump				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
11-18-80							
	Oil-Bbis.	Water - Bbls.	Gas-MCF				
Actual Prod. During Test		19	21				
	54	.1					
GAS WELL			Towns of Control				
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
, esting Method (pitot, back pr.)							
		011 00110551	ATION COMMISSION				
VI. CERTIFICATE OF COMPLIA!	NCE	OIL CONSERV	A COM COMMISSION				
		/	ş 198 <b>1</b> 19				
the state of the state of the section one	regulations of the Oil Conservation	APPROVED /					
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above is true and complete to the	he best of my knowledge and belief						
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$\sim$		SI PERVISOI	R DISTRICT 1				
		TITLE SUPERVISOR	R DISTRICT 1				

W. J. Mueller

(Signature)

(Title)

(Date)

1980

Engineering Specialist

December 29,

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This form is to be filed in compliance with RULE

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.

## STATE OF NEW MEXICO

## INCLINATION REPORT

Field Name		b/sa						30-025-26580
		Petroleum Company						
		um Gb/SA Unit, Tr.				202		
		1330						
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		RECORD	OF IN	CLINATI	<u>ON</u>			
Depth (Feet)	<u> In</u>	Angle of clination (Degrees	<u>)</u>	<u> Бер</u>	th (Feet)	<u>lnclî</u>	Angle nation	of (Degrees)
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				Sign	nature and	Title of Af	fiant	mueiler
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