o. of cories nece	IVED		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			<u> </u>
LAND OFFICE			
TRANSPORTER	OIL	<u> </u>	<u> </u>
	GAS		
OPERATOR			
			1

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS API No. 30-025-26655 PRORATION OFFICE Operator Phillips Petroleum Company Address Room 401, 4001 Penbrook St., Odessa, TX 79762 Other (Please explain) Reason(s) for filing (Check proper box) \mathbf{x} New Well Dry Gas Oil Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE.

Well No. Lease No. Kind of Lease Pool Name, Including Formation East Vacuum B - 1334State, XMARKK 1000 FOR Gb/SA Unit Tract 3308 004 Vacuum Gb/SA Location West 100 Feet From The North Line and 200 County . NMPM 35-E 17-S Range 33 Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) 88240 P. O. Box 2528, Hobbs, New Mexico 88240
Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipeline Company or Dry Gas Name of Authorized Transporter of Casinghead Gas 🔏 4001 Penbrook, Odessa, Texas 79762 Phillips Petroleum Company Is gas actually connected? When Sec. Unit If well produces oil or liquids, give location of tanks. 17-S : 35-E Yes 8-31-80 32 J If this production is commingled with that from any other lease or pool, give commingling order number: Same Resty. Diff. Resty. IV. COMPLETION DATA Plug Back Oll Well Gas Well Designate Type of Completion - (X) X Χ P.B.T.D. Date Compl. Ready to Prod. Total Depth Date Spudded 4750 <u>4800'</u> 5-6-80 3 - 1 - 80Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 4662-4125' 3951' GR Grayburg/San Andres Depth Casing Shoe 4648-4655 4551-4580 Perforations 4448-4450 4459-4462 4800' <u>97'--</u>97 4633-4643 4452-4456 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE (w/400 sxs C1."H" w/2% Cac1 & HOLE SIZE 350' 9-5/8" 12-1/4" 1/4#/sx Flocele Circ 46 sxs to surf) (w/1050 sxs TLW, 10% DD 12# sal sxs C1."\" w/5# salt. Circ 370 s 4800' Flocele. Tailed in w/400 sxs Cl. "H" w/5# salt. Circ 370 s

(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) 8-3/4" Gilsonite 1/4# Flocele. V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oll Run To Tanks <u>x 12'</u> insert 2-1/2" 4-11-81 8-31-80 Casing Pressure Tubing Pressure Length of Test 24 hrs. Gas - MCF Water - Bbls. Oil-Bbla. Actual Prod. During Test 30 **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVE 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. DISTRIC This form is to be filed in compliance with RULE 1104. Mueller

(Signature)

(Title)

(Date)

Senior Engineering

Specialist

MAY 2 0 1981

If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 111.

All sections of this form must be filled out completely for allow able 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.

•	INCLINAT	ION REPORT		
PERATOR	Phillips Petroleum Co.	ADDRESS 4001 Penbroo	ok, Odessa Texas 79762	
EASE NAME	East Vacuum Gb/SA Unit		LD Vacuum. Gb/SA	
OCAT ION	Tract 3 Section 33, T-17S, R-35E, Lea	308 a County, New Mexico		
EPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED	
		1.5400	1.5400	
350	1/4	2.1824	3.7224	
846	1/4	6.9168	10.6392	
1374	3/4	8.6275	19.2667	
1867	1		25.7250	
2360	3/4	6.4583		
2976	3/4	8.0696	33.7946	
3006	1	.5250	34.3196	
3476	1	8.2250	42.5446	
3963	1	8.5225	51.0671	
4461	1 1/4	10.8564	61.9235	
4800	1	5.9325	67.8560	
	certify that the above data as wledge and belief.	s set forth is true and	d correct to the best	
2 my 11110		CACTUS I	CACTUS DRILLING COMPANY	
		John Ayer		
		TITLE John A	Ayers, Office Manager	
aff idav it	:			
known to depositio	, the undersigned authority, a me to be the person whose name n, under oath states that he i ll identified above, and that not intentionally deviated from	e is subscribed herebe is acting for and in b to the best of his kn	low, who, on making ehalf of the operator owledge and belief such	
		AFFIANT'S SIG	NATURE	
Sworn and	subscribed to in my presence	on this the 19th d	ay of March, 19	

SEAL

GARLIN R. TAYLOR

NOTATE PRESIDENT MEXICO

MOTATY SCHOOLED WITH STORETARY OF STATE

MY COMMISSION ELPIRES FEDRUARY 6, 1984

GARLIN R. TAYLOR

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