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	GAS	
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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. 30-025-26677

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name. East Vacuum Gb/SA	Well No. 006	Pool Name, including Formation Vacuum Gb/SA	Kind of Lease State, Federal or Fee State	Lease No. A-1320
Location				
Unit Letter F	2500	Feet From The west	Line and 1450	Feet From The north
Line of Section 32	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 Pipeline Company	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 GPM Gas Corporation	4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	Yes 1-10-82

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 <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 5-4-80	Date Compl. Ready to Prod. 9-9-80	Total Depth 4800'	P.B.T.D. 4729					
Elevations (DF, RKB, RT, GR, etc.) 3964.7 GR	Name of Producing Formation Gb/SA	Top Oil/Gas Pay 4332	Tubing Depth 4624'					
Perforations 4383-4387' 4392-4399'	4410-4426' 4484-4503'	4546-4561' 4567-4586'	4593-4604' 4610-4622'	4638-4660'	Depth Casing Shoe 4798'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
12-1/4"	8-5/8"	353' (Cmt. w/400 sx Cl. Flocele, circ 11			H. 2% CaCl ₂ 1/4# sx to surface)			
7-7/8"	5-1/2"	4798' (1000 sxs TRLW, 12# salt, 10% DD, 1/4# Flocele, 3# Gilsonite. Tailed w/260 sxs Cl. "H" 5# salt. Circ 300 sxs)						

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)

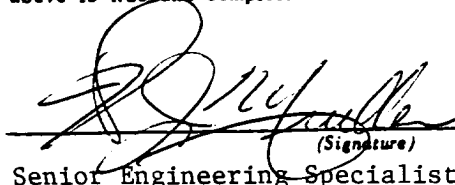
Date First New Oil Run To Tanks 9-10-80 (39 BO)	Date of Test 1-10-82	Producing Method (Flow, pump, gas lift, etc.) insert pump 2" x 1-1/2" x 16'	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 52	Water - Bbls. 44	Gas - MCF 22

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.


(Signature) W. J. Mueller
Senior Engineering Specialist

February 3, 1982

(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.