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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. 30-025-26680

Operator Phillips Petroleum Company	
Address Room 401, 4001 Penbrook Street, 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 _____

DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name East Vacuum Gb/SA Unit, Tract 3333	Well No. 005 Pool Name, including Formation Vacuum Gb/SA	B-1713-1
Kind of Lease State, Federal or Fee		
Location		
Unit Letter 'F' ; 2550 Feet From The west Line and 1400 Feet From The north		
Line of Section 33 Township 17-S Range 35-E , NMPM, Lea County		

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Texas-New Mexico Pipeline 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) EFFECTIVE: February 1, 1992 Phillips Petroleum Company GPM Gas Corporation 4001 Penbrook Street, Odessa, Texas, 79762					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 33	Twp. 17	Rge. 35	Is gas actually connected? Yes	When 9-2-81

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

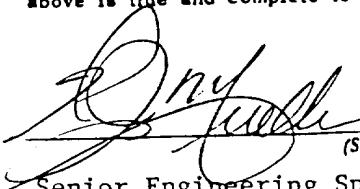
V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)		X		X					
Date Spudded 4-1-80	Date Compl. Ready to Prod. 3-10-81	Total Depth 4800'		P.B.T.D. 4755'					
Elevations (DF, RKB, RT, GR, etc.) 3944' GL 3945' GR	Name of Producing Formation Grayburg/San Andres	Top Oil/Gas Pay 4070'		Tubing Depth 4586'					
Perforations 4422-4426' 4394-4398'	4404-4416' 4442-4452'	4456-4474' 4479-4499'	4512-4524' 4550-4564'	94'--94 Shots		Depth Casing Shoe 4798'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		360'		w/400 sxs C1 "H" w/2%			
7-7/8"		5-1/2"		4798'		(w/700 sxs TLW w/12# salt, (10% DD, 1/4# /sx Flocele, 3# Gilsonite. Tail w/800 sxs C1 "H" w/5# salt, (circ. 40 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 3-11-81	Date of Test 9-2-81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 45	Water - Bbls. 9	Gas - MCF 80

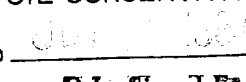
GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D ---	Length of Test ---	---		---	
Testing Method (pilot, back pr.) ---	Tubing Pressure (Shut-in) ---	Casing Pressure (Shut-in) ---		Choke Size ---	

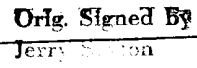
VI. CERTIFICATE OF COMPLIANCE

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)
October 20, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19 _____

BY 
Jerry S. Jenson
Dist. 1, Supv.

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 Pet. Corp. ADDRESS Box 1967, Houston, Texas 77001
 LEASE NAME EVGSAU 3333 WELL NO. 005 FIELD Vacuum Gb/SA
 LOCATION Section 33, T-17S, R-35E. Lea County

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
360	3/4	4.7160	4.7160
852	1/2	4.2804	8.9964
1404	1/2	4.8024	13.7988
1950	3/4	7.1526	20.9514
2425	1	10.0625	31.0139
2860	1 1/4	7.3030	38.3169
3460	1	10.5000	48.8169
3960	1 1/4	10.9000	59.7169
4457	1 1/2	13.0214	72.7383
4626	1 1/4	3.6842	76.4225

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

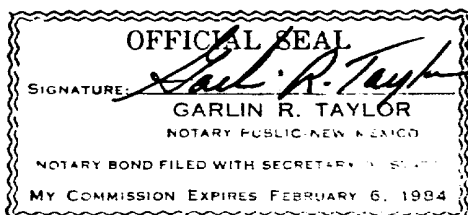
Rhonda Ford
 TITLE Rhonda Ford, Office Mngr.

AFFIDAVIT:

Before me, the undersigned authority, appeared Rhonda Ford 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.

Rhonda Ford
 AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 1st day of May, 19 80



SEAL

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