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	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-11
Effective 1-1-65

API NO. 30-025-26685

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 n/a

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Vacuum Gb/SA Unit, Tr 3456	Well No. 009	Pool Name, Including Formation Vacuum Gb/SA	Kind of Lease State, Federal or Fee	Lease No. B-2273-2
Location				
Unit Letter F	2500	Feet From The West	Line and 1400	Feet From The North
Line of Section 34	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	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, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 33	Twp. 17-S	Rge. 35-E	Is gas actually connected? yes	When 10-8-80

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

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 4-22-80	Date Compl. Ready to Prod. 6-24-80	Total Depth 4800'	P.B.T.D. 4753'					
Elevations (DF, RKB, RT, GR, etc.) 3919' GR	Name of Producing Formation Grayburg-San Andres	Top Oil/Gas Pay 4132'	Tubing Depth 4498'					
Perforations 4446'-4590'	Depth Casing Shoe 4791'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	354'	400 sxs Cl "H" w/2%					
	CaCl + 1/2#/sx Flocele. Circ 30 to 50 sxs to surface)							
7-7/8"	5-1/2"	4791' (1000 sx Diacel, 3# Gilsonite)						
	2-7/8"	4498' (1/4# Flocele, 340 sx ClH w/5# sa						

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) Circ 224 sxs)


Date First New Oil Run To Tanks 6-25-80	Date of Test 10-20-80	Producing Method (Flow, pump, gas lift, etc.) Insert 2-1/2" x 1-1/2" x 16' pmp at 4497'	
Length of Test 24 hrs	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test	Oil-Bbls. 18	Water-Bbls. 86	Gas-MCF 1

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.


W. J. Mueller
(Signature)
Senior Engineering Specialist
(Title)
October 22, 1980
(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 multiple completed wells.

INCLINATION REPORT

OPERATOR Phillips Pet. Co. ADDRESS RM 401, 4001 Penbrook St., Odessa, TX 79762
East Vacuum GB/SA UNIT
 LEASE NAME Tract 3456 WELL NO. 009 FIELD Vacuum GB/SA
 LOCATION Section 34, T-17S, R-35E, Lea County

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
360	1/4	1.5840	1.5840
890	1/3	4.6110	6.1950
1389	3/4	6.5369	12.7319
1699	3/4	4.0610	16.7929
2166	1	8.1725	24.9654
2666	1	8.7500	33.7154
3027	1 1/2	9.4582	43.1736
3541	1 1/4	11.2052	54.3788
4037	1 1/4	10.8128	65.1916
4390	1 1/2	9.2486	74.4402
4800	1	7.1750	81.6152

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

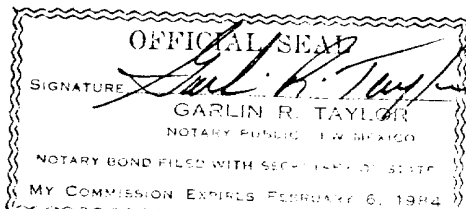
Rhonda Ford
TITLE Rhonda Ford, Office Mngr.

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 8th day of May, 19 80



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

SEAL