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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. 30-025-26686

Operator Phillips Petroleum Company	
Address Room 401, 4001 Penbrook St., Odessa, Texas 7762	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name and address of previous owner NA

DESCRIPTION OF WELL AND LEASE				
Lease Name East Vacuum GB/SA Unit, Tract 3456	Well No. 010	Pool Name, including Formation Vacuum GB/SA	Kind of Lease State, xxxxxxx State	Lease No. B-2273-2
Location				
Unit Letter F ; 2450 Feet From The West Line and 2450 Feet From The North				
Line of Section 34 Township 17-S Range 35-E, NMPM, Lea County				

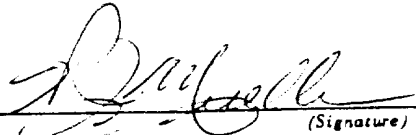
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipeline Company	P. O. Box 2528, Hobbs, 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 Str., Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	33	17-S	35-E	Yes	11-16-80

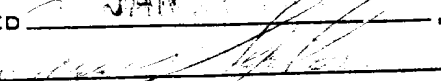
If this production is commingled with that from any other lease or pool, give commingling order number: NA

V. 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 4-23-80	Date Compl. Ready to Prod. 6-2-80	Total Depth 4800'	P.B.T.D. 4747'
Elevations (DF, RKB, RT, GR, etc.) 3926' GR, 3937' RKB	Name of Producing Formation Grayburg-San Andres	Top Oil/Gas Pay 4187'	Tubing Depth 4591'
Perforations 4522' - 4598'			Depth Casing Shoe 4800'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	363' (400 sxs)	C1 "H" 2% CaCl. 1/4#/sx
			Flocele, Circ 53 sxs to surface)
8-3/4"	7"	4800' (1000 sxs)	TLW 12# salt, 10% DD,
(3# Gilsomite, 1/4#/sx Flocele, 350 sxs C1 "H" 5# salt, Circ 30 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) 4591'			
Date First New Oil Run To Tanks 11-16-80	Date of Test 11-16-80	Producing Method (Flow, pump, gas lift, etc.) Insert 2-1/2" x 1-1/2" x 16'	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 4	Water - Bbls. 208	Gas - MCF 3

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 Sr. Engineering Specialist (Signature) (Title) January 12, 1981 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED	JAN 13 1981
BY	
TITLE	SUPERVISOR
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. Co. ADDRESS 4001 Penbrook St., Odessa, TX 79762
East Vacuum GB/SA Unit
 LEASE NAME Tract 3456 WELL NO. 010 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
850	1/4	2.1560	3.7400
1410	1/4	2.4640	6.2040
1934	1/2	4.5588	10.7628
2419	1/4	2.1340	12.8968
2779	3/4	4.7160	17.6128
3277	1/2	4.3326	21.9454
3772	1/2	4.3065	26.2519
4267	3/4	6.4845	32.7364
4800	1 3/4	16.2565	48.9929

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

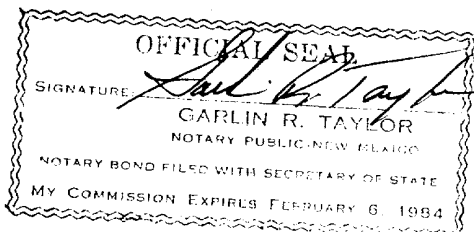
Rhonda Ford
 TITLE Rhonda Ford, Office Mngr.

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



SEAL

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