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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-110
Effective 1-1-65

API No. 30-025-26782

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 Unit, Tract 3202	Well No. 013	Pool Name, including Formation Vacuum Gb/SA	Kind of Lease State, Federal or Fee	Lease No. A-1320
Location Unit Letter 'P' : 150 Feet From The east Line and 1300 Feet From The south 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 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"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 32	Twp. 17-S	Rge. 35-E	Is gas actually connected? Yes	When 5-8-81

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-17-80	Date Compl. Ready to Prod. 7-21-80		Total Depth 4800'		P.B.T.D. 4752			
Elevations (DF, RKB, RT, GR, etc.) 3952.7 GR	Name of Producing Formation Grayburg/San Andres		Top Oil/Gas Pay 4065		Tubing Depth 4594			
Perforations 4390'-4636'	118'--118 shots				Depth Casing Shoe 4794			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 365' (400 sxs Cl "H" w/2% CaCl ₂ , 1/4#/sx Flocele. Circ 50 sxs to surface)					
7-7/8"	5-1/2"		4704' (1000 sxs TLW w/10% DD, 3# Gilsonite, 1/4#/sx Flocele. Tail w/400 sxs Cl "H" w/5# salt. Circ 155 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 7-24-80	Date of Test 5-9-81	Producing Method (Flow, pump, gas lift, etc.) insert pmp 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. 210	Water-Bbls. 15	Gas-MCF 166

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.

Ralph J. Rogers

(Signature)

Senior Engineering Specialist

(Title)

6-12-81

(Date)

W. J. Mueller

OIL CONSERVATION COMMISSION

APPROVED JUN 17 1981, 19

BY [Signature]

TITLE SUPERVISOR DISTRICT

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, Odessa, Texas 79762
LEASE NAME East Vacuum Gb/SA Unit, Tr3202 **WELL NO.** 013 **FIELD** Vacuum Gb/SA
LOCATION 1300' FSL, 150' FEL, Sec. 32, T-17S, R 35E Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
364	1	6.3700	6.3700
874	1	8.4250	18.2950
1370	3/4	6.4976	21.7926
1870	3/4	6.5500	28.3426
2402	1	9.3100	37.6526
2535	1	2.3275	39.9801
3022	1	8.5225	48.5026
3520	3/4	6.5238	55.0264
4018	3/4	6.5238	61.5502
4514	3/4	6.4976	68.0478
4800	3/4	3.7466	71.7944

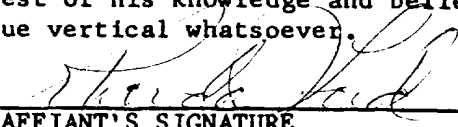
I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

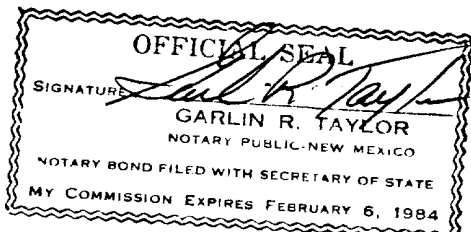

TITLE Rhonda Ford, Office Manager

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.


AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 3rd day of June, 1980



SEAL

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