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	GAS	
OPERATOR		
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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. 30-025-26993

Operator Phillips Petroleum Company	
Address Room 401, 4001 Penbrook St., 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 checked="" 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 NA

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Vacuum Grayburg	Well No. 017	Pool Name, Including Formation Vacuum Gb/San Andres	Kind of Lease State, Federal or Fee	Lease No. A-1320
Location Unit Letter L; 2410 Feet From The South Line and 200 Feet From The West				
Line of Section 28 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 Co.	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	4001 Penbrook St., Odessa, Tx. 79762	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 29
	Twp. 17-S	Rge. 35-E
	Is gas actually connected? Yes	When 6-25-81

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

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 12-3-80	Date Compl. Ready to Prod. 2-26-81		Total Depth 4800'		P.B.T.D. 4727			
Elevations (DF, RKB, RT, GR, etc.) 3962 GR, 3972.5 RKB	Name of Producing Formation Grayburg/San Andres		Top Oil/Gas Pay 4108'		Tubing Depth 4624			
Perforations 4512-4517, 4528-4535', 4542-4546', 4588-4604'					Depth Casing Shoe 4800'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		356' (w/400 sxs C1"H" w/2% Caci2--		circ'd 170 sxs surf.			
7-7/8"	5-1/2"		4800' (w/1100 sxs TLW w/10% DD, 12#/sx					
2-7/8"			(salt, followed w/400 sxs C1"C" w/6#/sx salt; circ'd 175 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)

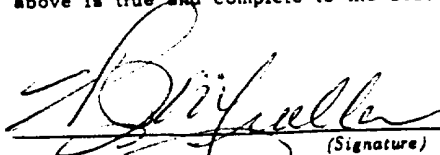
Date First New Oil Run To Tanks 6-25-81	Date of Test 6-27-81	Producing Method (Flow, pump, gas lift, etc.) insert pmp 2-1/2" x 1-1/2" x 16'	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 42	Water-Bbls. 48	Gas-MCF 16

GAS WELL

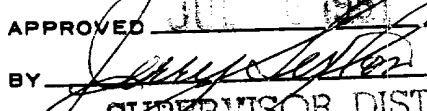
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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  
Senior Engineering Specialist  
(Title)  
7-1-81  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 1 1981, 19  
BY   
TITLE SUPERVISOR DISTRICT I

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  
 LEASE NAME East Vacuum GB/SA Unit WELL NO. 017 FIELD Vacuum GB/SA  
 LOCATION Tract 2801  
 LOCATION (Unit L) 2410' FSL & 200' FWL Sec 28, T-17-S, R-35-E, Lea County, NM

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
356	1/2	3.0972	3.0972
866	1/2	4.4370	7.5342
1207	3/4	4.4671	12.0013
1702	1/2	4.3065	16.3078
2226	1	9.1700	25.4778
2713	1	8.5225	34.0003
2925	3/4	2.7772	36.7775
3545	1 1/4	13.5160	50.2935
4134	1	10.3075	60.6010
4375	1	4.2175	64.8185
4800	1 1/2	11.1350	75.9535

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

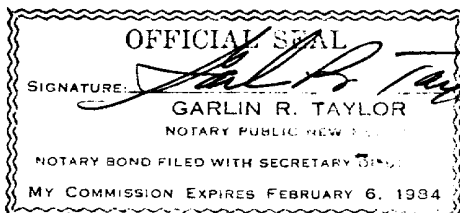
Denise Leake  
 TITLE OFFICE MANAGER

## AFFIDAVIT:

Before me, the undersigned authority, appeared DENISE LEAKE  
 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.

Denise Leake  
 AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 19 day of DECEMBER, 19 80



SEAL

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