

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

NO. OF EXPLORATIONS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
API No. 30-025-27113

Phillips Petroleum Company

Address

Rm. 401, 4001 Penbrook St. Odessa, Texas 79762

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name East Vacuum Gb/SA	Well No. 002	Pool Name, Including Formation Vacuum Gb/SA	Kind of Lease State, Federal or Fee State	Lease No. B-936-18
Unit Tract 1904				

Location

Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The WestLine of Section 19 Township 17-S Range 35-E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Texas New Mexico Pipeline

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 ☐ or Dry Gas ☐

Phillips Petroleum Company -- Trucks

Address (Give address to which approved copy of this form is to be sent)

4001 Penbrook, Odessa, Texas 79762

If well produces oil or liquids,
give location of tanks.

Unit	Sec.	Twp.	Rge.
J	19	17S	35E

Is gas actually connected?

yes

When

4-9-82

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'y.	Diff. Rest'y.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1-19-81	3-22-82	4800'	4750'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3988 GR, 3998 RKB	Grayburg/San Andres	4321'	4669'					
Perforations			Depth Casing Shoe					
4628-4638', 4650-4662'			4790'					

Total 22', 24 holes

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	354' (400 sxs C1 "C" w/2% CaCl ₂ & 1/4# Flocele/ (sx. circd 70 sxs to surface)	
7-7/8"	5-1/2"	4790'	950 sx TLW w/10%
(DD, 12# salt, 1/4# Flocele & 3# Gilsonite/sx followed by 480 sx w/2% CaCl ₂ & 6# salt/sx.			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4-6-82	4-9-82	2" X 1-1/4" X 12' pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	1.01	0	2

GAS WELL

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

I hereby certify that the rules and regulations of the Oil Conservation Division 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

October 11, 1982

OIL CONSERVATION DIVISION

APPROVED _____, 1982

BY _____ ORIGINAL FILED BY

TITLE _____ DISTRICT ENGINEER

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. Form C-104 must be filed for each pool in multiple.

RECEIVED

007 15 1982

G.C.D.
MOBILE OFFICE

INCLINATION REPORT

OPERATOR PHILLIPS PET. CO. ADDRESS Rm 401, 4001 Penbrook, Odessa, Texas 79762
 LEASE NAME East Vacuum Gb/SA Tract 1904 WELL NO. 002 FIELD Vacuum Gb/SA
 LOCATION Sec. 19, T-17-S, R-35-E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
355	3/4	4.6505	4.6505
837	1/4	2.1208	6.7713
1332	1/4	2.1780	8.9493
1824	1/4	2.1648	11.1141
2324	1/4	2.2000	13.3141
2820	3/4	6.4976	19.8117
3320	1	8.7500	28.5617
4049	1 1/4	15.8922	44.4539
4344	1	5.1625	49.6164
4800	1 1/4	9.9408	59.5572

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

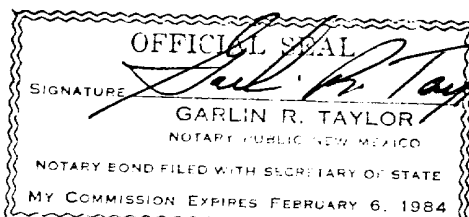
Denise Leake
 TITLE OFFICE MANAGER

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 2 day of FEBRUARY, 1981



SEAL

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