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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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

I. PRODUCTION OFFICE API No. 30-025-27331

Operator Phillips Petroleum Company	
Address 4001 Penbrook, Odessa, Texas 79763	
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Vacuum Gb/SA Unit, Tract 2437	Well No. 003	Pool Name, including Formation Vacuum Gb/SA	Kind of Lease State, Federal or Fee	State	Lease No. B-1838-3
Location					
Unit Letter 0 1200 Feet From The South Line and 1600 Feet From The East					
Line of Section 24 Township 17-S Range 34-E, NMFM, 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 Company	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 GPM Gas Corporation	4001 Penbrook St., Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 9
	Twp. 17-S	Rge. 35-E
	Is gas actually connected? Yes	
	When 1-20-82	

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 <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 Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded 7-22-81	Date Compl. Ready to Prod. 8-4-82		Total Depth 4800'		P.B.T.D. 4750'			
Elevations (DF, RKB, RT, GR, etc.) 3905.8' RKB, 3992' GR 3893.5' GL, 4002' DT	Name of Producing Formation Grayburg San Andres		Top Oil/Gas Pay 4510'		Tubing Depth 4500'			
Perforations 4544-4547', 4556-4583', 4587-4606', 4622-4628'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8 - 5/8"	24#, K-55		381'		400			
4 - 1/2"	11.6#, N-80		4800'		1200			

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)

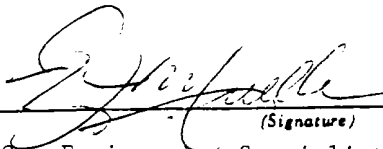
Date First New Oil Run To Tanks 1-20-82	Date of Test 1-22-82	Producing Method (Flow, pump, gas lift, etc.) Insert pump 2'X1-1/2"X12"	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil - Bbls. 9	Water - Bbls. 85	Gas - MCF 5

GAS WELL

Actual Prod. Test - MCF/D --	Length of Test --	Bbls. Condensate/MMCF --	Gravity of Condensate 36.0
Testing Method (pilot, 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
(Title)
2-1-82
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 1982
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 multiply completed wells.

INCLINATION REPORT

OPERATOR PHILLIPS PET CO ADDRESS 4001 PENBROOK, ODESSA, TX 79762
LEASE NAME East Vacuum Gb/SA Unit Tract WELL NO. 003 FIELD Vacuum Gb/SA
2437
LOCATION 1200' FSL & 1600; FEL of Sec. 24-17S-R34E

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
381	1/2	3.3147	3.3147
875	1/2	4.2978	7.6125
1373	3/4	6.5238	14.1363
1871	1	8.7150	22.8513
2372	1	8.7675	31.6188
2867	1 1/4	10.7910	42.4098
3523	1 1/4	14.3008	56.7106
3944	1 3/4	12.8405	69.5511
4521	1 3/4	17.5985	87.1496
4800	1 1/2	7.3098	94.4594

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

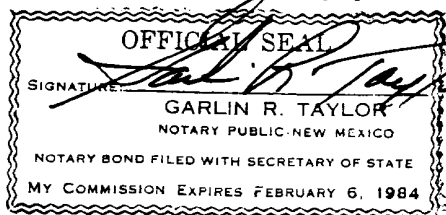
Denise Leake
TITLE OFFICE MANAGER

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 6 day of AUGUST, 19 81



SEAL

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

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SEP 8 1977

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