

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
ANDAUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
API NO. 30-025-27418

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Phillips Petroleum Company	
Address Room 401, 4001 Penbrook, 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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name East Vac. Gb/SA Un, Tr 1881	Well No. 001	Pool Name, including Formation Vacuum Gb/SA	Kind of Lease State, Federal or Fee	State	Lease No. K-6023-1
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>S</u> Line and <u>2310</u> Feet From The <u>west</u> Line of Section <u>18</u> Township <u>17-S</u> Range <u>35-E</u> , NMPM, <u>Lea</u> County					

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	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. 19	Twp. 17S	Rge. 35E	Is gas actually connected? When yes 8-2-82

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 <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 8-17-81	Date Compl. Ready to Prod. 7-21-82		Total Depth 4800'		P.B.T.D. 4795'			
Elevations (DF, RNB, RT, GR, etc.) 3994 GL, 4004 DF, 4005 KB	Name of Producing Formation Grayburg/San Andres		Top Oil/Gas Pay 4378'		Tubing Depth 4664'			
Perforations 4720'-4748'; 4776'-4790'					Depth Casing Shoe 4797'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	385'	400 sxs Class "C"
7-7/8"	5-1/2"	4797'	1250 sxs TLW, 400 sxs Class "C"
	2-3/8"	4664'	

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 8-2-82	Date of Test 8-2-82	Producing Method (Flow, pump, gas lift, etc.) 2" x 1-1/2" x 12' insert	
Length of Test ----	Tubing Pressure ----	Casing Pressure ---	Choke Size ---
Actual Prod. During Test ----	Oil - Bbls. 12	Water - Bbls. 143	Gas - MCF .5

GAS WELL

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

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.

Ralph J. Roper for W. J. Mueller
(Signature)Senior Engineering Specialist
(Title)8-16-82
(Date)

OIL CONSERVATION DIVISION

AUG 19 1982

APPROVED _____, 19____

BY _____
ORIGINAL SIGNED BY
JERRY SEATONTITLE _____
DISTRICT 1 SUPR.

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 multiple.

RECEIVED

AUG 18 1982

O.C.D.
HOBBS OFFICE

