

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API NO. 30-025-27426

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.E.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name East Vacuum GB/SA Unit, Tr 2206	Well No. 001	Pool Name, including Formation Vacuum GB/SA	Kind of Lease State, Federal or Fee State	Lease No. B-1040-7
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>22</u> Township <u>17-S</u> Range <u>35-E</u> , NMPM, Lea County				

I. 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	P.O. Box 2528, Hobbs, NM 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, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	I 29 17-S 35-E Yes 8-13-82

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

I. 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 10-21-81	Date Compl. Ready to Prod. 8-2-82	Total Depth 4800'	P.B.T.D. 4737'
Elevations (D.F., RAB, ST, CR, etc.) 3950.5 DF 3951.5 RB	Name of Producing Formation Grayburg/San Andres	Top Oil/Gas Pay 4190'	Tubing Depth 4521'
Perforations 4579' - 4591, 4656 - 4668'	48 holes, 24'	Depth Casing Shoe 4800'	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	350'	400 sxs. class "C"
7-7/8"	5-1/2"	4800'	900 sx TWL, 400 sx Class "C"
	2-3/8"	4521'	

I. 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)

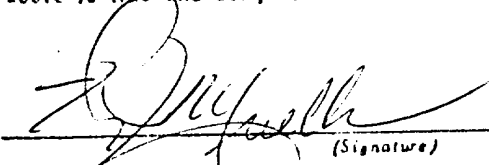
Date First New Oil Run To Tanks 8-11-82	Date of Test 8-13-82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 33.1	Water-Bbls. 54	Gas-MCF 10

GAS WELL

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

I. 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.


(Signature) W. J. Mueller
Senior Engineering Specialist
(Title)
August 25, 1982
(Date)

OIL CONSERVATION DIVISION

SEP 3 1982

APPROVED _____, 19____

BY _____
ORIGINAL SIGNED BY
JERRY SEXTONTITLE _____
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 completions.

10

RECEIVED

SEP 2 1982

INVOICE SERVICE

INCLINATION REPORT

OPERATOR PHILLIPS PET. CO ADDRESS 4001 PENBROOK, ODESSA, TX 79762
East Vacuum Gb/SA
 LEASE NAME Unit, Tract 2206 WELL NO. 001 FIELD Vacuum Gb/SA
 LOCATION (Unit K) Sec. 22, T-17-S, R-35-E, Lea County, NM

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
350	3/4	4.5850	4.5850
877	1/2	4.5849	9.1699
1374	1/2	4.3239	13.4938
1874	3/4	6.5500	20.0438
2372	3/4	6.5238	26.5676
2871	1	8.7325	35.3001
3401	1 1/4	11.5540	46.8541
3998	1 1/2	15.6414	62.4955
4521	1 3/4	15.9515	78.4470
4800	1 1/4	6.0822	84.5292

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

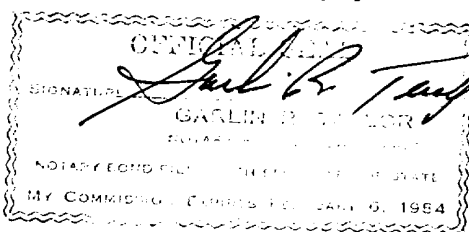
AFFIDAVIT:

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 5 day of NOVEMBER, 1981

SEAL



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