

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. 30-025-28153

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SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

Operator
Phillips Petroleum CompanyAddress
Room 401, 4001 Penbrook, 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 checked="" 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 Lea	Well No. 30	Pool Name, including Formation Vacuum Gb/SA	Kind of Lease State, Federal or Fee State	Lease No. B-4118
Location Unit Letter <u>N</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>17-S</u> Range <u>34-E</u> , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum Company -- Trucks	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, TX 79762	
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 St., Odessa, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 30
	Twp. 17-S	Rge. 34-E
	Is gas actually connected? Yes	
	When 6-30-83	

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-18-83	Date Compl. Ready to Prod. 6-21-83	Total Depth 4850'	P.B.T.D. 4790'					
Elevations (DF, RKB, RT, GR, etc.) 4097.4' GR	Name of Producing Formation Grayburg/SA	Top Oil/Gas Pay 4562'	Tubing Depth 4627'					
Perforations 4360'-4368'; 4398'-4404'; 4428'-4429'; 4452'-4458'; 4479'-4480'; 4483'-4484'; 4488'-4489'; 4493'-4495'; 4499'-4504'; 4507'-4515'; 4527'-4536'; 4540'-4560'			Depth Casing Shoe 4569' 4849'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	24#	362'	400 sx Class "C" Circd
			110 sx to surface
7-7/8"	11.6#	4849'	800 sx TLW w/10.2%
DD, 10% salt 3#/sx Gilsontite, 1/4# /sx cellophane flakes, 300 sx Class "C" Circd 125 sx			

TEST DATA AND REQUEST FOR ALLOWABLE (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)

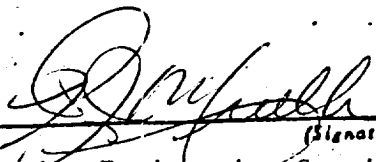
Date First New Oil Run To Tanks 6-29-83	Date of Test 6-30-83	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 600#	Casing Pressure ---	Choke Size 10/64"
Actual Prod. During Test	Oil - Bbls. 367	Water - Bbls. 7	Gas - MCF 801

GAS WELL

Actual Prod. Test - MCF/D ---	Length of Test ---	Bbls. Condensate/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.


(Signature)
Senior Engineering Specialist
(Title)

July 5, 1983

OIL CONSERVATION DIVISION

APPROVED JUL 8 1983, 19BY ORIGINAL SIGNED BY EDDIE SEAYTITLE OIL & GAS INSPECTOR

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.

RECEIVED
JUL 7 1983
O.C.D.
HOBBS OFFICE