

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATION		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION
P O BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. API No. 30-025-30015

Operator
Phillips Petroleum Company

Address
4001 Penbrook St., Odessa, TX 79762

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion		<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership			

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tract 3202 East Vacuum Gb/SA Unit	Well No 018	Pool Name, including Formation Vacuum Gb/SA	Kind of Lease State, Federal or Fee State	Lease No A-1320
Location				
Unit Letter H	680	Feet From The East	Line and 2560	Feet From The North
Line of Section 32	Township 17-S	Range 35-E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

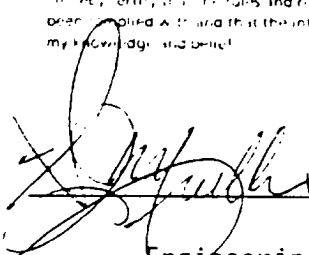
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> EFFECTIVE: February 1, 1992 Phillips 66 Natural Gas Company GPM Gas Corporation	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 I Sec 33 Twp 17S Rge 35E
Is gas actually connected? Yes	When 6/27/88

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

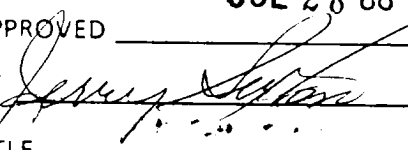
NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the facts and figures furnished on this report are true and correct to the best of my knowledge and belief.


W. J. Mueller
(Signature)
Engineering Supervisor, Reservoir
(Title)
July 18, 1988
(Date)

OIL CONSERVATION DIVISION

JUL 28 88
APPROVED _____, 19____
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 conditions.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5/18/88	Date Compl. Ready to Prod 6/21/88	Total Depth 4800'			P B T D 4700'			
Elevations (DF, RKB, RT, GR, etc.) 3945' GR	Name of Producing Formation Grayburg/San Andres	Top Oil/Gas Pay 4542'			Tubing Depth 4288'			
Perforations 4542' - 4554'					Depth Casing Shoe 4800'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1545'		1000 sk C			
7-7/8"	5-1/2"		4800'		900 sk C & 300 sk C Neat			
	2-7/8"		4288'					

V. 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 6/21/88	Date of Test 7/2/88	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 50#	Casing Pressure 0#	Choke Size Open
Actual Prod. During Test	Oil-Bbls 133	Water-Bbls 77	Gas-MCF 63

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