

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
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	GAS		
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Phillips Petroleum Company	
Address 4001 Penbrook St., Odessa, TX 79762	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

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. 017	Pool Name, Including Formation Vacuum Gb/SA	Kind of Lease State, Federal or Fee State	Lease No. A-1320
Location				
Unit Letter	<u>H</u>	<u>2000</u> Feet From The	<u>North</u> Line and	<u>400-170</u> Feet From The <u>West East</u>
Line of Section	<u>33-32</u>	Township	<u>17-S</u>	Range <u>35-E</u> , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

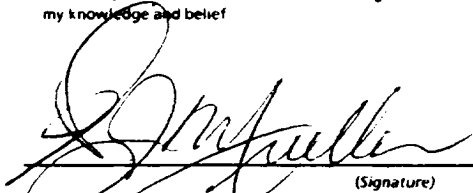
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co. 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 Sec. Twp. Rge. B 33 17S 35E
is gas actually connected?	When Yes 10/8/87

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 rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief



(Signature) **W. J. Mueller**

(Title) **Engineering Supervisor, Reservoir**

(Date) **10/27/87**

(Date)

OIL CONSERVATION DIVISION
APPROVED NOV 3 1987, 19____
BY Eddie W. Seay
TITLE 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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.	
Date Spudded 9/9/87	Date Compl. Ready to Prod. 10/8/87		Total Depth 4800'			P.B.T.D. 4756'				
Elevations (DF, RKB, RT, GR, etc.) 3944'GR; RKB 3957'		Name of Producing Formation Grayburg/San Andres		Top Oil/Gas Pay 4389'			Tubing Depth 4128'			
Perforations 4389' - 4555'							Depth Casing Shoe 4800'			
TUBING, CASING, AND CEMENTING RECORD										
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
12-1/4	8-5/8			1498'			1000 sk "C"			
7-7/8	5-1/2			4800'			1300 sk Lite			
							300 sk "C" Neat			

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.)
 OIL WELL

Date First New Oil Run To Tanks 10/8/87	Date of Test 10/19/87	Producing Method (Flow, pump, gas lift, etc.) Pumping		
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure		Choke Size
Actual Prod. During Test	Oil-Bbls. 197	Water-Bbls. 49	Gas-MCF .5	

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

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