

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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.

Operator Phillips Petroleum Company	
Address 4001 Penbrook St., Odessa, Texas 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"/> Dry Gas <input type="checkbox"/> Casinghead 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 3374 East Vacuum Gb/SA Unit	Well No. 003	Pool Name, Including Formation Vacuum Gb/SA	Kind of Lease State, Federal or Fee State	Lease No. B-2863-1
Location				
Unit Letter <u>L</u> <u>2630</u> Feet From The <u>South</u> Line and <u>400</u> Feet From The <u>West</u>				
Line of Section <u>33</u> Township <u>17-S</u> Range <u>35-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

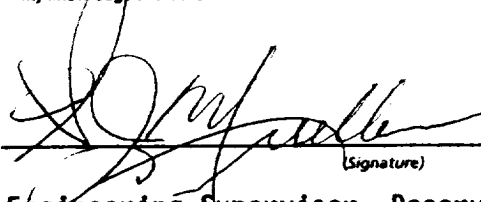
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input 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? Yes	When 9/24/87

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.


W. J. Mueller
(Signature)
Engineering Supervisor, Reservoir
(Title)
10/08/87
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 13 1987 , 19____
BY Orig. Signed by
Paul Kautz
TITLE Geologist

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 multiply completed wells.

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 8/28/87	Date Compl. Ready to Prod. 9/24/87	Total Depth 4800'			P.B.T.D. 4753'			
Elevations (DF, RKB, RT, GR, etc.) DF 3962'; GR 3950'	Name of Producing Formation Grayburg/San Andres	Top Oil/Gas Pay 4357'			Tubing Depth 4299'			
Perforations 4357' - 4580'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1526'		1000 sacks			
7-7/8"	5-1/2"		4800'		1160 sacks			

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 9/24/87	Date of Test 10/4/87	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. 118	Water-Bbls. 722	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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