

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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. 30-025-30278

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 Tr 3127 East Vacuum Gb/SA Unit	Well No. Tract 3127 008	Pool Name, Including Formation Vacuum Gb/SA	Kind of Lease State, Federal or Fee State	Lease No B-1527
Location				
Unit Letter J 1410 Feet From The East Line and 2173 Feet From The South				
Line of Section 31 Township 17-S Range 35-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

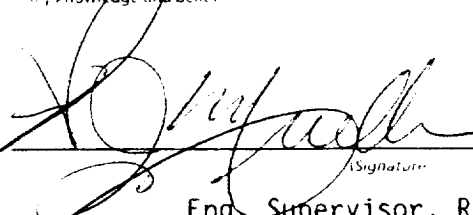
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	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. Is gas actually connected? When
	I 33 17S 35E Yes 7/29/88

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 information of the Oil Conservation Division are being complied with and that the information given is true and complete to the best of my knowledge and belief.


W. J. Mueller
Eng. Supervisor, Reservoir
(Date)
8/26/88

OIL CONSERVATION DIVISION

APPROVED **AUG 29 '88** 19
BY **ORIGINAL SIGNED BY JERRY SEXTON**
TITLE **DISTRICT I SUPERVISOR**

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 Form C-104 must be filed for each pool in multiple.

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 7/1/88	Date Compl. Ready to Prod. 8/18/88	Total Depth 4800'			P.B.T.D. 4755'			
Elevations (DF, RKB, RT, GR, etc.) 3974' GR	Name of Producing Formation Vacuum Gb/SA	Top Oil/Gas Pay 4651'			Tubing Depth 4404'			
Perforations 4344' - 4661'					Depth Casing Shoe 4800'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		1520'		1400 C			
7-7/8"	5-1/2"		4800'		1800 sk C & 300 sk C Neat			
	2-7/8"		4404'					

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 7/29/88	Date of Test 8/22/88	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 249	Water-Bbls. 747	Gas-MCF 109

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

MADE 8/17
100
RSCC OFFICE