

NO. OF WELLS SUBMITTED			
WELL NUMBER			
NAME OF WELL			
FIELD			
COUNTY			
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

I.

Operator <b>Phillips Petroleum Company</b>	
Address <b>4001 Penbrook St., Odessa, TX 79762</b>	
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 <b>Tract 3127 East Vacuum Gb/SA Unit</b>	Well No. <b>009</b>	Pool Name, Including Formation <b>Vacuum Gb/SA</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-1527</b>
Location				
Unit Letter <b>P</b>	<b>1175</b>	Feet From The <b>South</b>	Line and <b>740</b>	Feet From The <b>East</b>
Line of Section <b>31</b>	Township <b>17-S</b>	Range <b>35-E</b>	<b>NMPM, Lea</b>	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"/> <b>Texas New Mexico Pipeline</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 2528, Hobbs, NM 88240</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips 66 Natural Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>4001 Penbrook St., Odessa TX, 79762</b>			
If well produces oil or liquids, give location of tanks	Unit <b>I</b>	Sec <b>33</b>	Twp <b>17S</b>	Rge <b>35E</b>
	Is gas actually connected?		When	
	<b>Yes</b>		<b>8/5/88</b>	

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 herein stated in this application have been compiled and that the information given is true and complete to the best of my knowledge and belief.

*[Signature]* **W. J. Mueller**  
\_\_\_\_\_  
Engineering Supervisor, Reservoir  
\_\_\_\_\_  
August 15, 1988  
\_\_\_\_\_  
(Date)

OIL CONSERVATION DIVISION  
**AUG 18 '88**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**  
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 condition  
Separate Form 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 6/20/88	Date Compl. Ready to Prod 8/5/88		Total Depth 4800		P.B.T.D. 4763			
Elevations (DF, RKB, RT, GR, etc.) 3975.4 GR	Name of Producing Formation Grayburg/SA		Top Oil/Gas Pay 4352		Tubing Depth 4498			
Perforations 4352' - 4631'						Depth Casing Shoe		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13-3/8		1521'		1000 Sx C			
11	8-5/8		3150'		2500 Sx C			
7 7/8	5-1/2		4800'		900 Sx C			
	2-7/8		4498'					

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 8/5/88	Date of Test 8/9/88	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 130	Water-Bbls 557	Gas-MCF 130

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

RECEIVED

AUG 17 1988

OCD  
 HOBBS OFFICE