Submit 5 Couses
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Latergy, Minerals and Natural Resources Departm.

DISTRICT II P.O. Drawer DD, Antenia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410						AUTHORIZ	_				
<u>. </u>	TO TRANSPORT OIL AND NATURAL GAS							Well API No.			
Operator									ne.		
Phillips Petroleum Cor	mpany	· · · · · · · · · · · · · · · · · · ·					30-	025–3050	<u> </u>		
Address 4001 Penbrook Street,	Odessa	, Texa	s '	79762							
Reason(s) for Filing (Check proper box)	- Odebba	/ ICAG		75702	X Oth	et (Please expla	ir)				
New Well	(Change in	Transp	orter of:		ange in	Lease Na	ame & We	ell Numb	er from	
Recompletion	Oil		Dry G			nta Fe					
Change in Operator	Casinghead	Gas 🗌	Conde	mate		fective				1.	
f change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL	AND LEA	SE.									
Lesse Name Tract 42	Well No. Pool Name, Including				ng Formation		Kind o	f Lease St	ate L	ease No.	
Vacuum Glorieta East I	Init	1		cuum Glo	_		State,	MANAKAT	B-25	517	
Location	01110 1		VCI		ZI ICIA						
Unit LetterE	: 1655		Feet F	rom The	North Lin	and990)Fo	et From The _	West	Line	
Section 33 Township	17-S		Range	35-E	, N	MPM,	Lea	l		County	
	CDADTE	OF OF	T A B	ATTA BALANTEN	DAT CAS						
II. DESIGNATION OF TRANS Name of Authorized Transporter of Oil		or Conden		IN INVIO	Address (Give address to which approved copy of this form is to be sent)						
Texas-New Mexico Pipe.		mpany			P. O. Box 42130, Houston, Texas 77242						
Name of Authorized Transporter of Casing			or Dry	y Gas 🔲	Address (Giv	e address to wh	ich approved	copy of this fe	orm is to be s	ent)	
GPM Gas Corporation					4044 F	enbrook	Street,	Odessa,	Texas	79762	
If well produces oil or liquids,	Unit Sec. Twp. Rgs			Rge.	is gas actuali	y connected?	When	?			
rive location of tanks.	N	27	17S	35E	Yes		NR				
f this production is commingled with that f	rom any othe	r lease or p	pool, g	ive commingl	ing order num	ber:					
V. COMPLETION DATA	GD	Oil Well		Gas Weli	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	- (X) Date Compi	Beedy to			Total Depth		<u> </u>	P.B.T.D.	<u> </u>	<u>. l </u>	
Date Spudded	Date Comp	. Kendy W	FIOL		Tour Dopas			P.B.1.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
Perforations	1		-		<u> </u>			Depth Casin	g Shoe		
		IRING	CAS	ING AND	CEMENTI	NG RECOR	D	<u> </u>	···		
HOLE SIZE					CEMENTING RECORD DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			CHORD CEMERY			
	<u></u>										
	<u> </u>							 			
			-								
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A	LLOW A	ABLE	E d oil and must	he equal to o	exceed top allo	owable for thi	s depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Tes		<u>.,</u>			ethod (Flow, pa					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	<u> </u>				<u> </u>						
Actual Prod. Test - MCF/D	Length of	est			Bbis. Conde	ante/MMCF		Gravity of C	Condensate	-	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
VI. OPERATOR CERTIFIC I hereby certify that the rules and regulation have been complied with and is true and complete to the best of my	ations of the that the infor	Oil Conser	vation			OIL CON				ON	
In the	Va	ple		<u>)</u>	By_		NAL SIGNI	D BY JER	RY SEXTO	N	
M. Sanders - Superv	visor R	equlat	ory Title	Affairs	11 -		DISTRICT	I SUPERVI	JON		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

11-23-93 Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

(915) 368-1488 Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.