

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Phillips Petroleum Company		Well API No. 30-025-30759
Address 4001 Penbrook Street, Odessa, TX 79762		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vacuum Abo Unit Tract 7	Well No. 05	Pool Name, including Formation Vacuum Abo Reef	Kind of Lease State, Excluded from XXXXXX	Lease No. B-1404-4
Location Unit Letter P : 850 Feet From The South Line and 850 Feet From The East Line Section 27 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 Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, New Mexico 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 101 East 1st, Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 27
	Twp. 17-S	Rge. 35-E
	Is gas actually connected? Yes	
	When? 01-17-91	

If this production is commingled with that from any other lease or pool, give commingling order number. _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 02-02-90	Date Compl. Ready to Prod. 01-27-91		Total Depth 8900'		P.B.T.D. 8856'			
Elevations (DF, RKB, RT, GR, etc.) 3940.4' RKB; 3925.4' GR	Name of Producing Formation Vacuum Abo Reef		Top Oil/Gas Pay 8700'		Tubing Depth 8739'			
Perforations 8700-8740'					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" 54.4#	1640'	1500 sx "C"
12-1/4"	8-5/8" 32&24#	5100'	2800 sx "C" 65/35 Poz. 8
			150 sx "C" Neat
7-7/8"	5-1/2" 14, 15.5, 17#	8900'	650 sx "C", 300 sx 65/35 & 150 sx "C" Neat.

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank 01-17-91	Date of Test 03-04-91	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. Trace	Water - Bbls. 8	Gas - MCF 1

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

L. M. Sanders
Signature
L. M. Sanders, Supervisor, Reg. & Proration
Printed Name
04-03-91
Date
915/368-1387
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 12 1991
By ORIGINAL SIGNATURE
Title _____

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 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.