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

State of New Mexico Energy, Minerals and Natural Resources Departmen.

d 1-1-89

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	O TRAN	<u>NSPORT</u>	OIL	AND NA	TURAL GA		PI No.			
Operator Phillips Petro		<u></u>	1	025-32056							
Address 4001 Penbrook Street, Odessa, TX 79762											
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate											
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL AND LEASE											
Lease Name East Vacuum Gb/SA I	Well No. Pool Name, Including Formation							Kind of Lease No. State, Federal or Fee B-1497			
Location Tract 2648 Unit Letter M : 535 Feet From The South Line and 100 Feet From The West Line											
Section 26 Township	17 <u>-</u> s		Range	35	<u>-Е, м</u>	ирм,		Lea		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Texas-New Mexico Pipeline P.O. Box 2528, Hobbs, NM 88240 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)											
					4044 Penbrook Street, Odessa, TX 79762						
If well produces oil or liquids,	Unit Sec. Twp. Rge.				Is gas actually connected? When			?			
give location of tanks.			17-S 3		Yes			10-1	8-93		
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	Gas W	ell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	. Ready to I	Prod.		Total Depth		•	P.B.T.D.			
August 9, 1993	September 16, 1993				4800 ¹ Top Oil/Gas Pay			Taking Dan	4743'		
Elevations (DF, RKB, RT, GR, etc.) 3917 GR; 3929 RKB	M.B., M., ON, ELL.)					•			Tubing Depth 4394!		
Perforations 4407' - 4427'								Depth Casing Shoe			
TUBING, CASING AND C						CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
12-1/4" 7-7/8"	8-5/8'' 5-1/2''			1675' 4800'			550 sxs. "C" tail				
7-778	2-	2-7/8"			4382'			w/220 sxs.			
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 Date of Test Producing Method (Flow, pump, gas lift, etc.)											
September 17, 1993							/2" x		22' pump		
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size	Choke Size		
2 4 Actual Prod. During Test	Oil - Bbls.			Water - Bbis. 815			Gas- MCF 100				
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, 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					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved						
Signature Signature					By_	ORK	GINAL SIG	NED BY J	RRY SEXT	ON	
L. M. Sanders Supv., Regulatory Aliain Printed Name Title					Title			CY I SUPER			
11-02-93 (915) 368-1488 Date Telephone No.											

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.