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

State of New Mexico Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION** 

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT\_III 1000 Rio Brazos Rd., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		UIHAI	NSPUHI C	AND N	A I UHAL G		A Del XI.				
Operator					Well API No.						
Phillips Petroleum Company  Address					30-025-32058						
4001 Penbrook St.,	Macca	Тоуз	s 79762								
Reason(s) for Filing (Check proper box)	<u> </u>	r I Cha	5 13102		Other (Please expl	ain)					
New Well	,	_	Transporter of:	1							
Recompletion	Oil		Dry Gas	j 1							
Change in Operator	Casinghead	Gas [ ]	Condensate	]							
If change of operator give name and address of previous operator		<del> </del>									
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name		Well No.	Pool Name, Inci	uding Formatic	200		of Lease	-	ease No.		
East Vacuum Gb/SA Unit 003 Vacuum G					b/SA SA			. Belauda Belauda			
	t 2721										
Unit Letter N	_ :660	L	Feet From The .	South I	ine and <u>1415</u>	F	eet From The	West	Line		
Section 27 Townshi	p 17-s		Range 35-I	<u> </u>	NMPM,	Lea			County		
III DECICNATION OF TOAN	CDADTE		AND NAT	TIDAT CA	c						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Condens			5 Give address to wi	hich approved	copy of this fo	orm is to be s	ent)		
Texas-New Mexico Pipeline P. O. Box 2528, Hobbs, NM 88240											
Name of Authorized Transporter of Casinghead Gas					Askiress (Give address to which approved copy of this form is to be sent)						
	GPM Gas Corporation						dessa, Texas 79762				
If well produces oil or liquids, give location of tanks.				_				en ?			
<u> </u>	<del></del>		17S   35E	Yes			0/12/93				
If this production is commingled with that IV. COMPLETION DATA	from any oute	riesse or po	ool, give commi	right of the second	umber:	<del></del>					
		Oil Well	Gas Well	New We	ii Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	Х	i	i x	i	i	i				
Date Spudded	Date Compl. Ready to Prod.			Total Dept	Total Depth			P.B.T.D.			
8/28/93	9/24/93				4800'			4750'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/G	Tcp Oil/Gas Pay			Tubing Depth			
3935' GR Grayburg/San Andres Perforations				43	4335'			Depth Casing Shoe			
								.			
4335'-4627'	П	JBING. C	CASING AN	D CEMEN	TING RECOR	D	4800				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
12-1/4"	8-5/8"				1664'			1000 sx 'C'			
7-7/8"	5-1/2"				4800'			800 sx 'C' 65/35 poz			
		= /0#		<del>_,</del>				tail w/350 sx 'C' 50/5			
V. TEST DATA AND REQUES		7/8"	DIE		4293'		<u> </u>		poz_		
V. TEST DATA AND REQUES OIL WELL (Test must be after r				us he equal to	or exceed top all	mushle for thi	s denth or he s	for full 24 hou	ere l		
Date First New Oil Run To Tank	Date of Test	<u>`</u>	1000 01 011 11		Method (Flow, pu			O	3.7		
9/25/93	10/12/93				Flowing						
Length of Test	Tubing Pressure			Casing Pre	Casing Pressure			Choke Size			
	200#										
Actual Prod. During Test	Oil - Bbls.			Water - Bt	Water - Bbls.			Gas- MCF			
	85				689			<del></del>			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test			Bhis. Conc	Bhis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-n	n)	Casing Pre	Casing Pressure (Shut-in)			Choke Size			
THE OPEN AMON CONSTRUCT	A ### A=		743700	<b>-</b>			1				
VI. OPERATOR CERTIFIC					OIL CON	ISERV	ATION	DIVISIO	N		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					J J UI				•		
is true and complete to the best of my knowledge and belief.					Date Approved						
1 / W - 100 /					re whhinse	<b>u</b>	<del></del>				
1 Wy 11 lopels											
Signature Supv., Req. Affairs						-	SIGNED B				
Printed Names Supv., Req. Affairs Title						DI	STRICT I SL	mek visor			
10/14/93		915/36		Titl	ਰ						
Date			none 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.