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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		TO TRA	NSPC	ORT OIL	AND NA	TURAL GA		M NI			
Operator Phillips Petro	oleum Company 📿				017643) Well /			-025-32066			
Address 4001 Penbrook	Stree	t Ode	ssa.								
Reason(s) for Filing (Check proper box)				, icke		π (Please expla	zin)				
New Well		Change in	Transpor	nter of:		•					
Recompletion	Oil		Dry Gas	,							
Change in Operator	Casinghea	d Gas 🔲	Condens	sale []							
If change of operator give name											
and address of previous operator			_								
II. DESCRIPTION OF WELL	AND LEA	ASE	D1 35-	Tala.di	Fti	1.0101	Wind.	of Lease	1	ease No.	
East Vacuum Gb/SA I	320 2 Well No. Pool Name, Includin In it 021 Vacuum Gb				/SA-thit State,			Bedecklike Pres A-1320			
Location											
Unit Letter	. <u>130</u>	0	Feet Fro	om The	outh Lin	2180	Fe	et From The	East	Line	
Section 32 Township	17-	S	Range	35-	E , N I	мРМ,	<u>Lea</u>			County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil											
Texas-New Mexico P		.e	:		<u>P.O.</u> B	ox 2528	<u>. Hobh</u>	s NM	88240		
Name of Authorized Transporter of Casing	head Gas		or Dry (Gas [Address (Give address to which approved			l copy of this form is to be sent)			
GPM Gas Corporation					4044 P	<u>enbrook</u>	St	Odessa	TX 7	9762	
If well produces oil or liquids,	Unit	Sec.	Twp.		Is gas actuali		When	?	•		
give location of tanks.	A	33	17S	35E		Yes	1 12	/2/93	····		
If this production is commingled with that i	from any oth	er lease or p	pool, giv	e commingl	ing order numi	ber:					
IV. COMPLETION DATA						,					
Designate Type of Completion	- (X)	Oil Well	G	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
10-18-93	111 00 00				4830'			4785'			
Elevations (DF, RKB, RT, GR, etc.)					Top Oil/Gas Pay			Tubing Depth			
3960' GR San Andres					4342'			4660'			
Perforations 4342'-4578'								Depth Casing Shoe 4830 '			
TUBING, CASING AND					CEMENTI	NG RECOR	D				
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
12-1/4"	8-5/8"				1575 '			800 sx C			
7-7/8"	5-1/2"				4830'			1150 sx C			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE					<u> </u>			
OIL WELL (Test must be after re				il and must	be equal to or	exceed top allo	owable for thi	s depth or be	for full 24 hou	7 5.)	
Date First New Oil Run To Tank	Date of Te	et				ethod (Flow, pu					
12-2 - 93		1-14-94				Pump					
Length of Test 24 Hrs.	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
117					88			47			
GAS WELL		P			IBSIs Cood			Commission	onder :-		
Actual Prod. Test - MCF/D	I Prod. Test - MCF/D Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI ODED ATOD CERTIFIC	ATE OF	COM	TIAN	CE	1		·				
VI. OPERATOR CERTIFICATE OF COMPLIANCE					(OIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					1	JAN 2 0 1994					
is true and complete to the best of my knowledge and belief.					D=4-	. A.		HA C A F	3 3 %		
						Approve	<u>u</u>				
Am. Mander-					1 _						
Signature					By_	٥		IGNED BY		TON	
L.M. Sanders Supv.Regulatory Affairs					11	DISTRICT I SUPREVISOR					
Printed Name Title					Title						
01-17-94	(91		8-14								
Date		Tele	phone N	U.	H						

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.