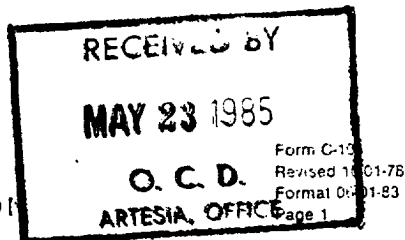


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

RECEIVED BY	
DISTRIBUTION	
SANTA FE	✓
FILE	✓
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	✓
OPERATOR	✓
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API No. 30-015-03083

I. Operator Phillips Oil Company

Address Room 401, 4001 Penbrook Street, Odessa, Texas 79762

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
Request for 500 BO testing allowable for May.
Abo 6655-6679

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Grayburg Deep Unit</u>	Well No. <u>5</u>	Pool Name, Including Formation <u>Undesignated Abo</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC-028784-c</u>
Location Unit Letter <u>A</u> : <u>330</u> Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>east</u> Line of Section <u>25</u> Township <u>17-S</u> Range <u>29-E</u> , NMPM, <u>Eddy</u> 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"/> <u>Navajo Refining - Pipeline Division</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 169, Artesia, New Mexico 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit <u>A</u> Sec. <u>25</u> Twp. <u>17-S</u> Rge. <u>29-E</u>	Is gas actually connected? <u>No</u> When <u>(X)</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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

W. J. Mueller
(Signature)

St. Engineering Specialist
(Title)

May 22, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 29 1985, 19 _____

BY ORIGINAL SIGNED
BY LARRY BROOKS
TITLE GEOLOGIST - NMOC

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.