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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
OPERATION OFFICE	

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
PHILLIPS PETROLEUM COMPANY
Address
4001 Penbrook Odessa, Texas 79762

Reason(s) for filing (Check proper box) Other (Please explain)
New Well Change in Transporter of: Changed from
Recompletion Oil Phillips Oil Company August 1, 1985
Change in Ownership Casinghead Gas Dry Gas Condensate

If change of ownership give name and address of previous owner **PHILLIPS OIL COMPANY 4001 Penbrook Odessa, Texas 79762**

DESCRIPTION OF WELL AND LEASE
Lease Name **Philmex** Well No. **10** Pool Name, including Formation **Maljamar Grayburg San Andres** Kind of Lease **State, Federal or Fee State** Lease # **B-2229**
Location
Unit Letter **K**; **1981** Feet From The **South** Line and **1976** Feet From The **West**
Line of Section **27** Township **17 S** Range **33 E**, NMPM, **Lea** Coun

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate
Texas-New Mexico Pipeline Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 2528 Hobbs, N. M. 88240
Name of Authorized Transporter of Casinghead Gas or Dry Gas
Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent)
4001 Penbrook Odessa, Texas 79762
If well produces oil or liquids, give location of tanks. Unit **K** Sec. **27** Twp. **17S** Rge. **33E** Is gas actually connected? **Yes** When

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

COMPLETION DATA
Designate Type of Completion - Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. R.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 of hole for this depth or be for full 24 hours)
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (prod. back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

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.
G. L. Rose
(Signature)
Controller
August 1, 1985
(Date)

OIL CONSERVATION DIVISION
AUG 12 1985
APPROVED **JERRY SEXTON**, 19
ORIGINAL SIGNED BY **DISTRICT I SUPERVISOR**
BY
TITLE
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devt tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a well on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of cond Separate Forms C-104 must be filed for each pool in mul

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AUG -7 1985

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