

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
P.M.S.	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	X
PRODUCTION OFFICE	

Operator Phillips Oil Company

Address 4001 Penbrook Street, Odessa, Texas 79762

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Effective 12/01/83
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Phillips Petroleum Company, 4001 Penbrook Street, Odessa, Texas 79762

DESCRIPTION OF WELL AND LEASE			
Lease Name <u>New</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Yates/7-Rivers Queen</u>	Kind of Lease State, Federal or Fee State <u>State</u>
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u>			
Line of Section <u>26</u> Township <u>20S</u> Range <u>36E</u> , NMPM, Lea _____ Count _____			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
<u>Texas-New Mexico Pipe Line Company</u>	<u>P. O. Box 2528, Hobbs, N.M. 88240</u>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
<u>Phillips Petroleum Company</u>	<u>4001 Penbrook Street, Odessa, Texas 79762</u>		
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>26</u>	Twp. <u>20S</u>
	Rge. <u>36E</u>	Is gas actually connected? <u>Yes</u> When <u>NR</u>	

COMPLETION DATA									
Designate Type of Completion - (X)									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 (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)			
OIL WELL			
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 (Shot-in)	Casing Pressure (Shot-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.

J. R. Rush  
(Signature)  
Production Records Supervisor  
(Title)

OIL CONSERVATION DIVISION  
APPROVED JAN 10 1984, 19\_\_\_\_  
BY JERRY SEXTON  
DISTRICT SUPERVISOR

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 deviator tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for a well, with the exception of sections I, II, III, and VI for changes of

RECEIVED

JAN 9 1984

C.C.D.  
HOBBS OFFICE

1-9-84  
HOBBS OFFICE