

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

**REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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LAND OFFICE	
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OPERATOR	
OPERATION OFFICE	

Operator **PHILLIPS PETROLEUM COMPANY**

Address **4001 Penbrook Odessa, Texas 79762**

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

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 **Vacuum Abo Unit Battery 1 Tract 15** Well No. **2** Pool Name, including Formation **Vacuum Abo Reef** Kind of Lease **State** State **State** Lease No. **E-6704**

Location  
 Unit Letter **C**; **330** Feet From The **North** Line and **1650** Feet From The **West** Line of Section **8** Township **48** Range **35 E**, NMPM. Lea **Lea** Cour **Cour**

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil  or Condensate   
**Texas New Mexico Pipe Line Company** Address (Give address to which approved copy of this form is to be sent) **P. O. Box 2528 Hobbs, New Mexico 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 **M** Sec. **8** Twp. **16S** Rge. **35E** Is gas actually connected? **Yes** When **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, GR, etc.) \_\_\_\_\_ Name of Producing Formation \_\_\_\_\_ Top Oil/Gas Pay \_\_\_\_\_ Tubing Depth \_\_\_\_\_  
 Perforations \_\_\_\_\_ Depth Casing Shoe \_\_\_\_\_

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 able 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 (prior, 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.  
**A. L. Rose** G. L. Rose  
 Controller (Signature)  
 Controller (Title)  
 August 1, 1985 (Date)

**OIL CONSERVATION DIVISION**  
**AUG 1 5 1985**  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 ORIGINAL SIGNED BY **EDDIE SEAY**  
 BY \_\_\_\_\_  
 TITLE **OIL & GAS INSPECTOR**  
 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 dev tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for able 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 con generate Form C-104 must be filled for each pool in m