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OIL CONSERVATION DIVISION
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 ☐ Dry Gas ☐ Phillips Oil Company August 1, 1985
Change in Ownership ☒ Casinghead 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 Santa Fe	Well No. 103	Pool Name, including Formation Vacuum Glorieta	Kind of Lease State, Federal or Fee	State	Lease No. B-1861
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Location
Unit Letter **K** : **1655** Feet From The **South** Line and **1980** Feet From The **West**
Line of Section **29** Township **17 S** Range **35 E** , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 **N** Sec. **27** Twp. **17S** Rge. **35E** Is gas actually connected? **Yes** When **9-19-64**

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
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		

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 6 inches of 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 (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.

A. L. Pose **G. L. Pose**
(Signature) (Signature)
Controller (Title)
August 1, 1985
(Date)

OIL CONSERVATION DIVISION
AUG 12 1985
APPROVED _____, 19____
BY **ORIGINAL SIGNED BY 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 devils 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 oil well name or number, or transporter, or other such change of conditions. Form C-104 must be filed for each pool to which

RECEIVED

AUG - 8 1985

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION