

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

RECEIVED BY
AUG 01 1985
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator PHILLIPS PETROLEUM COMPANY

Address 4001 Penbrook Odessa, Texas 79762

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) Changed from Phillips Oil Company August 1, 1985
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Castinhead Gas	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Beeson F</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Loco Hills-Q-G-SA</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>060529</u>
Location				
Unit Letter <u>N</u> : <u>345</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u>				
Line of Section <u>31</u> Township <u>17-S</u> Range <u>30-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 Company - Pipeline Division</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 159, Artesia, New Mexico 88210</u>					
Name of Authorized Transporter of Castinhead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>Post ID-3</u> <u>8-9-85</u> <u>Chg op Name</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Sec. <u>25</u>	Twp. <u>17S</u>	Rge. <u>29E</u>	Is gas actually connected? <u>No</u>	When <u>8-9-85</u>

If this product on 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.

J. B. Rush (Signature)
Production Records Supervisor
(Title)
July 23, 1985
(Date)

OIL CONSERVATION DIVISION
AUG 6 1985
APPROVED _____, 19____
BY _____
ORIGINAL SIGNED
BY LARRY BROOKS
GEOLOGIST - NMOC
TITLE _____

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 multiple completed wells.