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O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API No. 30-015-24455

DEPT. OF REVENUE	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PROMOTION OFFICE	

Operator Phillips Oil Company ✓

Address 4001 Penbrook Street, Odessa, Texas 79762

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) CASINGHEAD GAS MUST NOT BE
FL. REE. AFTER 1-21-84
UN. FOR AN EXCEPTION FROM BLM
IS OBTAINED

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Rocky</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Wildcat (Yeso)</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-05121</u>
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>4</u> Township <u>22-S</u> Range <u>22-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>Phillips Petroleum Company - Trucks</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook Street, Odessa, Texas 79762</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Undedicated</u>	Address (Give address to which approved copy of this form is to be sent) _____	
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>4</u>
	Twp. <u>22-S</u>	Rge. <u>22-E</u>
	Is gas actually connected? <u>No</u> When _____	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded <u>5-28-83</u>	Date Compl. Ready to Prod. <u>9-19-83</u>		Total Depth <u>6500'</u>		P.B.T.D. <u>2186'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>4301' DF, 4284' GR</u>	Name of Producing Formation <u>Wildcat (Yeso)</u>		Top Oil/Gas Pay <u>2145'</u>		Tubing Depth <u>2168'</u>			
Perforations <u>2145'-2150'</u>					Depth Casing Shoe _____			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17-1/2"</u>	<u>13-3/8"</u>	<u>210'</u>	<u>100 sx Superseal, 350</u>
			<u>sx Class "C"</u>
<u>11"</u>	<u>8-5/8"</u>	<u>2000'</u>	<u>200 sx "H", 600 sx "C"</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>2186'</u>	<u>82 sx "C" w/2% CaCl</u>

V. 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)

Date First New Oil Run To Tanks <u>10-21-83</u>	Date of Test <u>12-14-83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure _____	Casing Pressure _____	Choke Size _____
Actual Prod. During Test	Oil-Bbls. <u>9</u>	Water-Bbls. <u>3</u>	Gas-MCF <u>3</u>

GAS WELL

Actual Prod. Test-MCF/D _____	Length of Test _____	Bbls. Condensate/MMCF _____	Gravity of Condensate _____
Testing Method (pilot, back pr.) _____	Tubing Pressure (Shut-in) _____	Casing Pressure (Shut-in) _____	Choke Size _____

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 above is true and complete to the best of my knowledge and belief.

W. J. Mueller
(Signature)
Senior Engineering Specialist
(Title)
December 19, 1983

OIL CONSERVATION DIVISION

DEC 21 1983

APPROVED _____, 19____
BY _____ Original Signed By

Supervisor District II

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 deviated 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 change of owner, lease number, or transporter, or other such change of conditions.