

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION		
SALES		
LEASES		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PERMITS OFFICE		

Operator
PHILLIPS PETROLEUM COMPANY

Address
4001 Penbrook Odessa, Texas 79762

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	Changed from Phillips Oil Company August 1, 1985	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner
PHILLIPS OIL COMPANY 4001 Penbrook Odessa, Texas 79762

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Phillips State E <u>State</u>	13	Maljamar Grayburg San Andres	State, Federal or Fee State	B-2229

Location
Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West
Line of Section 15 Township 17 S Range 33 E , NMPM, Lea Cour

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum Company - Trucks	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, Texas 79762
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 <u>B</u> Sec. <u>15</u> Twp. <u>17S</u> Rge. <u>33E</u> Is gas actually connected? <u>yes</u> When <u>July 1970</u>

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

COMPLETION DATA									
Designate Type of Completion - <input checked="" type="checkbox"/>	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			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE 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 (purge, 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.

G. L. Rose (Signature)
Controller
August 1, 1985 (Date)

OIL CONSERVATION DIVISION
AUG 12 1985

APPROVED _____, 19____
ORIGINAL SIGNED BY JERRY SEXTON
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 data tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for wells 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 conditions.
Separate Forms C-104 must be filed for each pool in newly completed wells.

