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ARTESIA OFFICE

NO. OF APPLICANTS	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.U.B.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

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: Oil Dry Gas Changed from Phillips Oil Company August 1, 1985
 Recompletion Casinghead Gas Condensate
 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 Nunlee	Well No. 6	Pool Name, including Formation Square Lake-G-SA	Kind of Lease State, Federal or Fee Federal
Location Unit Letter I ; 1650 Feet From The south Line and 330 Feet From The east			Lease No. NM 012764
Line of Section 35	Township 16-S	Range 29E	Count Eddy

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Company			Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 175 Artesia, New Mexico 88210		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>			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 A	Sec. 35	Twp. 16S	Rge. 29E	Is gas actually connected? When NO

COMPLETION DATA							
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back
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
			Post ED-3 8-9-85 Chg Op Name

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 (prod. 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.
 J. B. Rush
 Production Records Supervisor
 July 30, 1985

OIL CONSERVATION DIVISION
 APPROVED AUG 7 1985, 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 deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all 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 multi-