

DISTRIBUTION		P. O. BOX 21000	
DATE	FILE	SAVED BY, NEW MEXICO 87	
U.S.G.		AUG 08 1985	
LAST OFFICE		REQUEST FOR ALLOWABLE AND	
TRANSPORTER	OIL	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
OPERATOR	GAS	ARTESIA OFFICE	
OPERATION OFFICE			
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	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	Well No.	Pool Name, including Formation	Kind of Lease
State B-4458	2	Grayburg-Jackson-SR-Q-G-SA	State, Federal or Fee State
Location			
Unit Letter	C	660 Feet From The north Line and 1980 Feet From The west	
Line of Section	36	T. 17 S Range 29 E	NMPM, Eddy
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)	
SI			
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	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	Sec.	Twp. Rge.
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. 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
			Past ID-3
			8-9-85
			Chg. Op. Name
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 of well for 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 (pat. back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
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.		APPROVED AUG 8 1985	
BY		ORIGINAL SIGNED	
BY LARRY BROOKS		BY LARRY BROOKS	
TITLE		GEOLOGIST, NMOC	
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 dev 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 well name or number, or transporter, or other such change of cond			
Separate Forms C-104 must be filled for each pool in mu completed wells.			
A. L. Rose			
(Signature)			
Controller			
(Title)			
August 1, 1985			
(Date)			