

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

RECEIVED BY
AUG 05 1985
O. C. D.
ARTESIA OFFICE

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

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: ☐ Changed from
Recompletion ☐ Oil ☐ Dry Gas ☐ 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 Parke E	Well No. 2	Pool Name, including Formation Jackson Abo	Kind of Lease State, Federal or Fee Federal	Lease No. 029020-e
------------------------------	----------------------	--	---	------------------------------

Location
Unit Letter **H** : **2310** Feet From The **north** Line and **330** Feet From The **east**
Line of Section **22** Township **17-S** Range **30-E** , NMPM, **Eddy** Count

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119 Midland, Texas 79701
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 H Sec. 22 Twp. 17S Rge. 30E	Is gas actually connected? Yes When 7-30-62

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. Res'
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 oil able 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 (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.

J. B. Rush
(Signature)
Production Records Supervisor
July 30, 1985
(Date)

OIL CONSERVATION DIVISION
APPROVED **AUG 6 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 deeper 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 condition. This form must be filed for each well to which