RECEIVED BY .. 10 1-76 STATE OF NEW MEXICO AGY AND MINERALS DEPARTMENT IL CONSERVATION DIVISION ----P. O. BOX 2088 CITT HIRUTION AUG 05 1985 SANTA FE, NEW MEXICO 87501 ---マ PILE O. C. D. U. 8. U. 8. LAND DFFICE REQUEST FOR ALLOWABLE ARTESIA, OFFICE ---OIL AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OPERATOR PROBATION OFFICE PHILLIPS PETROLEUM COMPANY Address 79762 Odessa, Texas 4001 Penbrook Other (Please explain) Reason(s) for filing (Check proper box) ge in Transporter al: Changed from Phillips Oil Company August 1, 1985 Recompletion Change in Ownership If change of ownership give name and address of previous owner ____ Odessa, Texas 79762 PHILLIPS OIL COMPANY 4001 Penbrook DESCRIPTION OF WELL AND LEASE NML - 00 No 0467934 Pool Name, including Formation rii No. Maddren B State, Federal or Fee Federal 1 Fren Seven Rivers Location Feet From The south Line and 330 west 990 Feet From The_ Unit Letter County Range 30-E Eddy , NMPM, T. mahip 17-S 27 Line of Section DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Navajo Refining Company - Pipeline Division or Condensate P. O. Bxo 159 Artesia, New Mexico 88210 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas ____ or Dry Gas ___ Is gas actually connected? When Rqe. ' Unit If well produces oil or liquids, give location of tanks. 17S 30E NO 27. If this production is commingled with that from any other lease or pool, give commingling order number: Same Res'v. Diff. Res COMPLETION DATA Oil Well Plug Back Deepen New Well Gas Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Tubing Depth Top Oll/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE ID-3 maril 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 al able for this depth or be for full 24 hours; Producing Method (Flow, pump, gas lift, etc.) OIL WELL Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bble. Oll - Sbie. Actual Prod. During Test GAS WELL Gravity of Condensate Bbis. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Cosing Pressure (Shut-in) Choke Size Tubing Preseure (Shut-in) Testing Method (parot, back pr.) OIL CONSERVATION DIVISION 1. CERTIFICATE OF COMPLIANCE 6 1985 AUG . 19 -APPROVED. 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. ORIGINAL SIGNED BY___ RY LARRY BROOM GEOLOGIST - NMOCD TITLE _ This form is to be filed in compliance with RULE 1104, If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with MULE 111. J. B. Rush (Signature) All sections of this form must be filled out completely for all able on new and recompleted wells. Production Records Supervisor (Title) Fill out only Sections I, II, III, and VI for changes of owwell name or number, or transporter, or other such change of condit July 30, 1985